

# WINGTEAM LLC

## APPLICATION FOR EMPLOYMENT

Wingteam is an equal opportunity employer. All applicants are considered without regard to race, age, color, gender, ethnic group, national origin, religion, citizenship, marital status, sexual orientation, veteran status, physical or mental disability, or medical condition.

### PERSONAL INFORMATION

Last Name Initial	First	Middle	Today's Date
Address			SS#
Home Telephone (    )	Work Telephone (    )	Email	Are you 18 or older?  Y e s  N o
Have you ever interviewed with this company or its affiliates before? If yes, provide date(s), location(s), and position(s) applied for:			Yes    No
Have you ever been employed by this company or its affiliates? If yes, provide date(s), location(s), and position(s):			Yes    No
Do you have any relatives employed by this company or its affiliates? If yes, provide name(s), location(s), and position(s):			Yes    No

### EMPLOYMENT DESIRED

Position Applied for:			
Desired Pay:			
Are you currently employed?	Yes    No	Start Date:	
How did you find out about this position?			
Would you like to work: (check all that apply) Full-time only    Part-time only Summer Temporary Full-time or Part-time			

What times are you available to work?

Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday

**EDUCATION**

Level	Name and Address	Date Graduated/ Level Completed	Major Studies	Degree/Diploma License/ Certificate
High School				
College				
Graduate School				
Vocational, Business, Other				

**MILITARY**

Branch	Dates of Service	Final Rank	Assignment

Are you now a member of the National Guard?    Yes    No

**SKILLS** (not all may be necessary for the job you seek)

Do you type?    Yes    No    If yes, what is your WPM?		
Foreign Languages:		
Computer Skills (Hardware/Software):		
Other Skills, Knowledge, Areas of Expertise:		
Driver's License #:	State:	Type:

**EMPLOYMENT HISTORY**

Please list employment record, starting with the most recent.

Dates	Employer Name and Address	Supervisor Name and Job Title	Phone #
Job Title			Reason for Leaving

Duties, Responsibilities, Promotions	Salary
	Start:
	End:

Dates	Employer Name and Address	Supervisor Name and Job Title	Phone #
Job Title			Reason for Leaving
Duties, Responsibilities, Promotions			Salary
			Start:
			End:

Dates	Employer Name and Address	Supervisor Name and Job Title	Phone #
Job Title			Reason for Leaving
Duties, Responsibilities, Promotions			Salary
			Start:
			End:

Dates	Employer Name and Address	Supervisor Name and Job Title	Phone #
Job Title			Reason for Leaving
Duties, Responsibilities, Promotions			Salary
			Start:
			End:

## REFERENCES

Please provide three references (not relatives or previous employers).

Name	Address	Phone:
		Relationship:
		Years Known:
Name	Address	Phone:
		Relationship:
		Years Known:
Name	Address	Phone:
		Relationship:
		Years Known:

## GENERAL

Are you currently employed? Yes No
If yes, may we contact your present employer? Yes No
Will you be able to perform the job functions for the position you are applying for with or without reasonable accommodation? Yes No
Have you ever been convicted of a crime? Yes No
If yes, explain:

If offered employment, will you be able to provide proof of identity and authorization to work in the U.S.? Yes No

**APPLICANT STATEMENT**

I understand and agree to the following:

This application is not a contract of employment.

Should the employer hire me and should any of the information I have given in this application be found false, misleading, or incomplete, I shall be subject to dismissal.

The employer follows an "at will" employment policy, meaning I or the employer may terminate employment at any time for any reason consistent with applicable law.

All hired persons must provide proof of identity and authorization to work in the US. Failure to produce such proof will result in denial of employment.

I authorize investigation of all statements given on this application. The employer may contact any educational institution, reference, or employer listed on this application, except my current employer if so noted, to verify the information I have given. I hereby release all involved parties from any liability arising from such an investigation.

I certify that all the information given in this application is complete and true.

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date