WHEATS EMPLOYMENT APPLICATION

To the applicant: we are an equal opportunity company. We are dedicated to a policy of nondiscrimination in employment on any basis including: race, creed, color, age, sex, religion or national origin. **Please print** your answers to all questions using pen or pencil. (If local or state laws prohibit employers from requesting certain information, you may omit the response.)

Personal: Date:_____

Name:_____Social Security No._____

Present address_____Telephone No._____
No. Street City State Zip

Are you legally eligible for employment in the U.S.A?_____

Position(s) applied for_____Rate of pay expected $_____per week

Would you work Full-Time_____Part-time_____Specific days and hours if part-time_____

Were you previously employed by us?_____If yes, when?_____

If your application is considered favorably, on what date will you be able to work?_____

Employment History Begin with last or present position, omit military service

A. Employer B. Address	Dates	Earnings A.Start B.Final	Job titles/Duties	Reasons for leaving	Supervisor A.Name B.Phone
A. B.	From: To:	A. B.			A. B.
A. B.	From: To:	A. B.			A. B.

May we contact the employers listed above?_____If not,indicate which one(s) you do not wish us to contact_____

Military service

Were you in the U.S. Armed Forces? Yes_____No_____If yes, which branch?_____

Educational Background

	Name and Address of School	Special Course of Study	How many years Completed?	Did you Graduate?	List Diploma or Degree
High				☐ Yes ☐ No	
College				☐ Yes ☐ No	
Post Graduate or Other(Specify)				☐ Yes ☐ No	

To the Applicant:

Please answer the questions below.

- ☐ Date of birth:_____
- ☐ Sex: M_____F_____
- ☐ Email:_____
- ☐ Have you ever been convicted of a crime, excluding misdemeanors and summary offenses, in the past ten years which has not been annulled or expunged or sealed by a court?_____If yes, Describe in full_____
- ☐ Do you have any physical handicaps which would prevent you from performing specific kinds of work?_____ If yes, describe the handicap(s) and explain the work limitations_____
- ☐ Have you had a serious illness in the last five years?_____If yes, describe_____
- ☐ List any friends or relatives working for us_____
- ☐ List other important job qualifications you may have_____ _____
- ☐ Do you have a driver's license? [ ] Yes [ ] No If yes, answer the following questions:
- ☐ What state issued your driver's license?_____Driver's License Number:_____Expiration Date:_____
- ☐ Type or Class of License:_____Is your driver's license valid? [ ]Yes [ ] No
- ☐ Have your driving privileges ever been suspended or revoked? [ ] Yes [ ] No

In signing this application form, I clearly understand and agree: (1) that all statements are true to the best of my knowledge; (2) I have made no attempt to conceal or withhold pertinent information; (3) I authorize investigation of any statements with no liability; (4) that any falsification or misrepresentation may be considered cause for termination; (5) I will abide by all company rules and regulations if hired; (6) I agree to take physical exams at the company's expense to determine any suitability for continued employment if hired.

Applicants Signature:_____