

EMPLOYMENT APPLICATION

***WEA Member Benefits is an equal opportunity employer.
 Please complete all information completely and accurately. This application will be considered current and active
 for 30 days from today's date.***

Please Type or Print Clearly:

Full Name:	
Have you ever attended school or worked under a different name? <input type="checkbox"/> No <input type="checkbox"/> Yes:	
Home Address:	
Telephone Number:	Best time to call:
E-mail Address:	

EMPLOYMENT DESIRED

Position applying for:	Date you can start:	Salary desired:
Where did you hear about this opportunity?		
Days and Times available for work:		

GENERAL INFORMATION

Are you 18 or older? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Can you provide proof of eligibility to work in the United States? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Do you have a valid driver's license? <input type="checkbox"/> Yes <input type="checkbox"/> No (may be required for some jobs)	
List any professional designations you hold:	
List any foreign languages which you can speak fluently:	Read/write fluently:
Have you ever worked for WEA Member Benefits before? <input type="checkbox"/> Yes <input type="checkbox"/> No	If Yes, list dates and client company:

EDUCATION

Name and Location of School	How Many Years Completed?	Did You Graduate?	Subjects Studied/ Degrees Received
High School			
Trade, technical, junior college			
College			
Post-graduate			

MILITARY SERVICE

Have you ever been in the armed forces? <input type="checkbox"/> No <input type="checkbox"/> Yes	Dates:
	Branch: Rank:
Are you currently in the National Guard? <input type="checkbox"/> No <input type="checkbox"/> Yes	

EMPLOYMENT HISTORY

List your most recent employment first.

Dates of Employment	Employer	Position and Description of Responsibilities	Reason for Leaving

If currently employed, may we contact your current employer? Yes No
Have you ever been fired from a job or asked to resign? Yes No

REFERENCES

Supervisory References Preferred. Please do not list relatives as references.

Name	Occupation	Years Known	Phone Number

Please list any other information you feel would be useful to us in consideration of your application:

APPLICANT’S STATEMENT—PLEASE READ CAREFULLY BEFORE SIGNING THIS FORM

I understand that WEA Member Benefits follows an “employment-at-will” policy, in that I or the employer may terminate my employment at any time, within applicable state or federal law. No one other than the President of the employer is authorized to offer or enter into an employment contract for a guaranteed length of time. This application does not constitute a contract or guarantee of employment.

I understand that the employer may thoroughly investigate my work and educational history and verify all information given on this application. Any omissions or misrepresentations by me on this application may result in my rejection for the position or, if already employed, my termination. I voluntarily and knowingly release from liability any person or organization that provides information pertaining to me or my employment.

Applicant’s Signature

Date