



APPLICATION FOR EMPLOYMENT

Name: _____

Date: _____

Referred by: _____ Date Available for Work: _____

INSTRUCTIONS: Please read carefully. Every item on this form must be answered to the best of your ability. Please print and use a pen. Your qualifications will be carefully reviewed and you will be given thorough consideration for the position(s) for which you have applied. Upon employment, this application will become part of your permanent record at Westwood Recreation, Inc. Keep this in mind as you complete it. *Special Note: You are not required to supply any information that is prohibited by Federal, State, or Local law. We are an Equal Opportunity Employer. Westwood Recreation, Inc. does not discriminate on the basis of race, color, religion, gender, national origin, pregnancy, marital status, citizenship, age, disability, veteran status, or any other legally protected class. You may request assistance in completing this application.*

PERSONAL

Name _____ Phone Number: (____) _____
First M.I. Last

Address _____
Street Box City State

Zip _____ E-mail _____ @ _____

If younger than 18, state your age here _____

Are you legally entitled to work in the United States? ** yes no

***Compliance with I-9 requirements is mandatory, upon employment*

Social Security Number: _____ Drivers License Number: _____

Have you ever been convicted of a moving traffic violation? yes no

If yes, list all here: _____

Have your driving privileges ever been revoked or suspended? Yes No

If yes, list here when and why: _____

When reinstated? _____

Do you currently hold a Commercial driving license (CDL)? Yes No Class _____

EDUCATION

High School (Name and Address) _____

Did you graduate? _____ If no, last grade completed _____ G.E.D. Obtained? _____

Grade Point Average _____

Colleges (Name and Address) _____

Colleges (Name and Address) _____

Did you graduate? _____ If no, number of hours completed _____ Grade Point Average _____

Degree _____ Major _____ Minor _____

If attending, date of graduation _____

Other Education _____

Awards, Honors, Leadership Roles: _____

MILITARY not applicable

List service in U.S. Military: From _____ to _____ Branch _____

Rank at Discharge _____ Military experience that may be applicable to working here: _____

GENERAL EMPLOYMENT INFORMATION

1. List here all of the equipment with which you have experience and training. (Examples: small tools, forklift, calculator, computers, etc.): _____

2. Are you willing to relocate? _____ If yes, state location preferred _____

3. Salary Expected _____/hour and number of hours you are available per week? _____

No preference

4. Type of employment sought: regular full time regular part time temporary

5. Are you able and willing to perform the essential functions of the job for which you are applying, including travel, if necessary? yes no don't know

6. Are you currently under a non-compete agreement that will prevent you from working for any business in our industry? yes no

If yes, please explain and list the date the agreement expires: _____

EXPERIENCE: List below all present and past employment, beginning with your most recent employer

1. **Employer** _____ Starting Salary _____ per hour or week

Address _____ Last Salary _____ per hour or week

Kind of Business _____ Supervisor _____

Job Title _____

Dates Employed _____ to _____

Reason for Leaving: Quit Discharge Retired Laid Off Why? _____

For Job Reference, call _____ at _____

Please do not contact this employer. Why not? _____

2. Employer _____ Starting Salary _____ per hour or week
 Address _____ Last Salary _____ per hour or week
 Kind of Business _____ Supervisor _____
 Job Title _____
 Dates Employed _____ to _____
 Reason for Leaving: Quit Discharge Retired Laid Off Why? _____
 For Job Reference, call _____ at _____
 Please do not contact this employer. Why not? _____

3. Employer _____ Starting Salary _____ per hour or week
 Address _____ Last Salary _____ per hour or week
 Kind of Business _____ Supervisor _____
 Job Title _____
 Dates Employed _____ to _____
 Reason for Leaving: Quit Discharge Retired Laid Off Why? _____
 For Job Reference, call _____ at _____
 Please do not contact this employer. Why not? _____

In the following space, please describe briefly why you are applying for this position:

In the following space, please describe your strengths and talents and how our company will benefit from your work here.

CONDITIONS OF EMPLOYMENT

I. The facts as stated on this application are true and correct. I understand that, if employed, false statements on this application may cause my immediate dismissal.

II. I authorize such background and personal reports as deemed necessary to verify that the information I have supplied is true and accurate and to determine my fitness for this job and hold harmless those who have the responsibility to develop such a report. A copy of this authorization is as valid as the original.

III. I understand that I may be required to work overtime as a condition of being employed.

IV. In consideration of my employment, I agree to conform to the rules and regulations for employees. I understand I am an employee at will, and that this application is not a contract of employment with Westwood Recreation, Inc., and that my employment and compensation can be terminated, with or without cause, at anytime, at the option of either Westwood Recreation, Inc., or me. I understand that no representative of Westwood Recreation, Inc., has any authority to enter into any verbal agreement for employment for any specified period of time or to make any agreement contrary to the foregoing and that no document, policy or practice of Westwood Recreation, Inc., may change the foregoing unless it is expressly titled "Employment Agreement" and signed by both myself and an officer of Westwood Recreation, Inc..

V. I understand that I may be required to submit to a pre-employment and post-employment test for fitness and/or substance abuse, if not prohibited by law.

DATE _____ SIGNATURE _____

AUTHORIZATION TO RELEASE INFORMATION

I, _____

Last Name	First Name	Middle Name
Current Address		Dates Lived Here
Addresses for the Past Seven Years: (include street, city, state, zip code)		Dates of Residence:
Date of Birth	Other Names Used (including maiden name)	Years Used
Social Security Number	Driver's License #	State
Email address (may be used for official correspondence)		

do hereby authorize verification of all information in my employment application from all sources of employment, education, motor vehicle, or any part thereof, and authorize any duly authorized agent of **IntelliCorp Records, Inc** to obtain, whether the said records are public or private, and including those which may be deemed to be privileged or confidential in nature and I release all persons from liability on account of such disclosures. Information appearing on this Authorization will be used exclusively by **IntelliCorp Records, Inc** for identification purposes and for the release information which will be considered in determining any suitability for employment. I certify that I have made true, correct, and complete answers and statements on my employment application, any supplements to it and in any interview in the knowledge that they will be relied upon in considering my application for employment. I agree to provide additional information that may be requested to process my employment application. I authorize without reservation, any party or agency contacted by **IntelliCorp Records, Inc** to furnish the above-mentioned information. This authorization is valid during the course of my employment to the extent permitted by law.

I have the right to make a request to **IntelliCorp Records, Inc**, upon proper identification, to request the nature and substance of all information in its files on me at the time of my request, including sources of information, and the recipients of any reports on me which **IntelliCorp Records, Inc** has previously furnished within the two year period preceding my request.

I understand and agree that any omission, false statement, misleading statement, or answer made by me on my application or any supplements to it and in any interviews will be sufficient grounds for rejection of employment and my discharge after employment.

Printed Name Applicant Signature Date

CALIFORNIA, OKLAHOMA, and MINNESOTA RESIDENTS ONLY: If you are a current California, Oklahoma, or **Minnesota resident and would like to request a copy of your Consumer Report or Investigative Consumer Report, please check here.**_____ This report may include character and reputation information obtained through personal interviews.

DISCLAIMER: THIS FORM IS NOT MEANT TO PROVIDE LEGAL ADVICE OF ANY KIND. LEGAL ADVICE SHOULD BE SOUGHT FROM YOUR ATTORNEY. WE MAKE NO CLAIMS, PROMISES OR GUARANTEES ABOUT THE ACCURACY, COMPLETENESS, OR ADEQUACY OF THE INFORMATION CONTAINED HEREIN. WE MAKE NO WARRANTY THAT THIS FORM IS APPROPRIATE FOR YOUR PARTICULAR NEEDS.