

APPLICATION FOR EMPLOYMENT

(Pre-Employment Questionnaire) (An Equal Opportunity Employer)

PERSONAL INFORMATION

			<u>DATE</u>
<u>NAME</u>			<u>SOCIAL SECURITY NUMBER</u>
LAST	FIRST	MIDDLE	
<u>PRESENT ADDRESS</u>			
STREET	CITY	STATE	ZIP
<u>PERMANENT ADDRESS</u>			
STREET	CITY	STATE	ZIP
<u>PHONE NO.</u>	<u>ARE YOU 18 YEARS OR OLDER?</u>	Yes <input type="checkbox"/>	No <input type="checkbox"/>
<u>ARE YOU PREVENTED FROM LAWFULLY BECOMING EMPLOYED IN THIS COUNTRY BECAUSE OF VISA OR IMMIGRATION STATUS?</u>		Yes <input type="checkbox"/>	No <input type="checkbox"/>

EMPLOYMENT DESIRED

<u>POSITION</u>	<u>DATE YOU CAN START</u>	<u>SALARY DESIRED</u>
<u>ARE YOU EMPLOYED NOW?</u>	<u>IF SO MAY WE INQUIRE OF YOUR PRESENT EMPLOYER?</u>	
<u>EVER APPLIED TO THIS COMPANY BEFORE?</u>	<u>WHERE?</u>	<u>WHEN?</u>
<u>REFERRED BY</u>		

EDUCATION	NAME AND LOCATION OF SCHOOL	*NO OF YEARS ATTENDED	*DID YOU GRADUATE?	SUBJECTS STUDIED
GRAMMAR SCHOOL				
HIGH SCHOOL				
COLLEGE				
TRADE, BUSINESS OR CORRESPONDENCE SCHOOL				

GENERAL

SUBJECTS OF SPECIAL STUDY OR RESEARCH WORK

SPECIAL SKILLS

ACTIVITIES: (CIVIC ATHLETIC ETC.)

EXCLUDE ORGANIZATIONS, THE NAME OF WHICH INDICATES THE RACE, CREED, SEX, AGE, MARITAL STATUS, COLOR OR NATION OF ORIGIN OF ITS MEMBERS.

<u>U. S MILITARY OR NAVAL SERVICE</u>	<u>RANK</u>	<u>PRESENT MEMBERSHIP IN NATIONAL GUARD OR RESERVES</u>
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*This form has been revised to comply with the provisions of the Americans with Disabilities Act and the final regulations and interpretive guidance promulgated by the EEOC on July 26, 1991.

FORMER EMPLOYERS (LIST BELOW LAST THREE EMPLOYERS, STARTING WITH LAST ONE FIRST).

DATE MONTH AND YEAR	NAME AND ADDRESS OF EMPLOYER	SALARY	POSITION	REASON FOR LEAVING
FROM				
TO				
FROM				
TO				
FROM				
TO				
FROM				
TO				

WHICH OF THESE JOBS DID YOU LIKE BEST?

WHAT DID YOU LIKE MOST ABOUT THIS JOB?

REFERENCES: GIVE THE NAMES OF THREE PERSONS NOT RELATED TO YOU, WHOM YOU HAVE KNOWN AT LEAST ONE YEAR.

	NAME	ADDRESS	BUSINESS	YEARS ACQUAINTED
1				
2				
3				

THE FOLLOWING STATEMENT APPLIES IN: MARYLAND & MASSACHUSETTS. [Fill in name of state.]
 IT IS UNLAWFUL IN THE STATE OF _____ TO REQUIRE OR ADMINISTER A LIE DETECTOR TEST
 AS A CONDITION OF EMPLOYMENT OR CONTINUED EMPLOYMENT. AN EMPLOYER WHO VIOLATES THIS LAW SHALL
 BE SUBJECT TO CRIMINAL PENALTIES AND CIVIL LIABILITY.

Signature of Applicant

IN CASE OF
EMERGENCY NOTIFY

NAME

ADDRESS

PHONE NO.

"I CERTIFY THAT ALL THE INFORMATION SUBMITTED BY ME ON THIS APPLICATION IS TRUE AND COMPLETE, AND I UNDERSTAND THAT IF ANY FALSE INFORMATION, OMISSIONS, OR MISREPRESENTATIONS ARE DISCOVERED, MY APPLICATION MAY BE REJECTED AND, IF I AM EMPLOYED, MY EMPLOYMENT MAY BE TERMINATED AT ANY TIME.
 IN CONSIDERATION OF MY EMPLOYMENT, I AGREE TO CONFORM TO THE COMPANY'S RULES AND REGULATIONS, AND I AGREE THAT MY EMPLOYMENT AND COMPENSATION CAN BE TERMINATED, WITH OR WITHOUT CAUSE, AND WITH OR WITHOUT NOTICE, AT ANY TIME, AT EITHER MY OR THE COMPANY'S OPTION. I ALSO UNDERSTAND AND AGREE THAT THE TERMS AND CONDITIONS OF MY EMPLOYMENT MAY BE CHANGED, WITH OR WITHOUT CAUSE, AND WITH OR WITHOUT NOTICE, AT ANY TIME BY THE COMPANY. I UNDERSTAND THAT NO COMPANY REPRESENTATIVE, OTHER THAN IT'S PRESIDENT, AND THEN ONLY WHEN IN WRONG AND SIGNED BY THE PRESIDENT, HAS ANY AUTHORITY TO ENTER INTO ANY AGREEMENT FOR EMPLOYMENT FOR ANY SPECIFIC PERIOD OF TIME, OR TO MAKE ANY AGREEMENT CONTRARY TO THE FOREGOING.

DATE

SIGNATURE

DO NOT WRITE BELOW THIS LINE

INTERVIEWED BY:

DATE:

REMARKS:

NEATNESS

ABILITY

HIRED: Yes No

POSITION

DEPT.

SALARY/WAGE

DATE REPORTING TO WORK

APPROVED:

1.

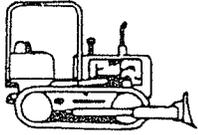
2.

3

EMPLOYMENT MANAGER

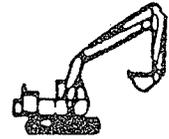
DEPT. HEAD

GENERAL MANAGER



WTS

WETHERINGTON TRACTOR SERVICE, INC.



(813) 752-4510 • 1-800-754-9557 • Fax: (813) 759-6938
P.O. Box 4199 • Plant City, FL 33563-0020

JOB DESCRIPTION

If hired by Wetherington Tractor Service, Inc. my duties and job description will include but are not limited to:

Daily lifting and carrying up to 80 pounds

Daily use of a shovel (Lifting dirt, rock, asphalt etc.)

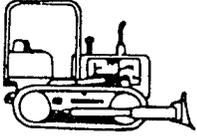
Daily repetitive climbing and bending

Truck drivers description also includes extreme repetitive use of left knee (clutch).

I _____ do not have any physical limitation that could
(Print your name)
interfere with the performance of my duties.

X _____
Signature Date

***Underground Utilities - CU C053968
Complete Land & Site Development***



WTS

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P.O. Box 4199 • Plant City, FL 33563-0020 • (813) 752-4510 • Fax: (813) 759-6938
www.wetheringtontractorservice.com

DRUG-FREE POLICY

As an employee or perspective employee, I understand Wetherington Tractor Service, Inc. is a DRUG FREE WORKPLACE.

It is Wetherington Tractor Service, Inc.'s policy that taking ANY illegal drugs or prescription drugs not prescribed to you will not be tolerated and be cause for termination.

There is pre-employment drug testing, random drug testing, under suspicion drug testing and post-accident drug testing. Refusing to take any drug test is cause for termination.

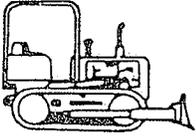
You will be terminated for ANY drug test that is refused or that is positive for ANY reason.

I have read the above and fully understand this policy.

Print Name

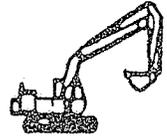
Print Date

Complete Land & Site Development
Underground Utilities - CU C053968 • Class V Fire License 12316500012008



WTS

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(813) 752-4510 • 1-800-754-9557 • Fax: (813) 759-6938
P.O. Box 4199 • Plant City, FL 33563-0020

(Name of applicant/employee)

(Street Address)

(City, State, Zip)

(Date)

WTS, Inc
P.O. Box 4199
Plant City, FL 33564

Dear WTS, Inc.

Consumer reports may be obtained as part of the WTS, Inc. evaluation of my job application/ employment. The reports may be procured by Florida Insurance Group, Company's insurance coverage or other consumer reports. By signing this disclosure, I hereby authorize the Company to procure such reports and additional reports about me from time to time, as it deems appropriate, to evaluate my insurability or for other permissible purposes.

Sincerely,

Signature of Job Applicant/Employee

Driver's License #

Print Name of Job Applicant/ Employee

State of License/ Expiration Date

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