



Applicant Name _____

Employment with Wycliffe Enterprises, Incorporated is based on qualifications and suitability for the position. Applicants will not be discriminated against on the basis of race, creed, color, religion, sex, national origin, age, marital status, disability or any other non-job related information.

In order to help us learn about your experience, skills, abilities and education, please complete this employment application along with the Application Form Waiver. Applicants with disabilities are encouraged to request any special accommodation required to complete the job application process.

POSITION APPLYING FOR:

_____ Desired Pay \$ _____ per _____

How did you learn of this opening? _____

Are you seeking _____ Full-time or _____ Part-time work?

If "Part-time", please specify days and hours _____

Have you worked for Wycliffe Enterprises before? Yes _____ No _____ If "Yes", when? _____

Are you willing to travel? Yes _____ No _____ If "Yes", what percent are you willing to travel? _____%

Are you willing to relocate? Yes _____ No _____

PERSONAL: (Please print clearly)

Name _____
Last First Middle

Other Names Used

Current Address
Street City State Zip Code

How long have you lived at your current address? _____

Phone: (Home) () _____ (Work) () _____ (Cell) () _____

E-Mail Address _____

Previous Address _____

How long did you live at your previous address? _____

When and how is the best time to contact you (e.g. evenings, cell, etc.)? _____





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WORK AUTHORIZATION:

Are you a United States citizen? Yes _____ No _____

Are you legally eligible for employment in the United States? Yes _____ No _____ (If offered employment, you will be required to provide documentation to verify eligibility.)

Are you over 18 years of age? Yes _____ No _____ If "No", specify age _____

EDUCATION: (If necessary, attach an additional sheet along with your resume.)

High School: Number of Years Completed (Circle One) 1 2 3 **Diploma:** Yes ___ No ___ **G.E.D.** Yes ___ No ___

School _____ Dates Attended _____ City/State _____

School _____ Dates Attended _____ City/State _____

School _____ Dates Attended _____ City/State _____

College and/or Vocational School:

School _____ Dates Attended _____ City/State _____ Degree Earned _____

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School _____ Dates Attended _____ City/State _____ Degree Earned _____

School _____ Dates Attended _____ City/State _____ Degree Earned _____

School _____ Dates Attended _____ City/State _____ Degree Earned _____

Other Training, Degrees or Certifications: _____

School _____ Dates Issued/Attended _____ City/State _____

School _____ Dates Issued/Attended _____ City/State _____

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School _____ Dates Issued/Attended _____ City/State _____

School _____ Dates Issued/Attended _____ City/State _____



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EMPLOYMENT HISTORY:

List in order, beginning with most recent or present employer the jobs you have held. (If necessary, attach an additional sheet along with your resume.)

Employer	Date Hired	Departure Date	Type of Business
Address	Salary Start: \$ _____ per _____ Finish: \$ _____ per _____		
City/State/Zip	Name & Telephone of Last Supervisor:		
Telephone	Title/Position Held		
Reason for Leaving	Duties		

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Address	Salary Start: \$ _____ per _____ Finish: \$ _____ per _____		
City/State/Zip	Name & Telephone of Last Supervisor:		
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EMPLOYMENT HISTORY CONTINUED:

Employer	Date Hired	Departure Date	Type of Business
Address	Salary Start: \$ _____ per _____ Finish: \$ _____ per _____		
City/State/Zip	Name & Telephone of Last Supervisor:		
Telephone	Title/Position Held		
Reason for Leaving	Duties		

Employer	Date Hired	Departure Date	Type of Business
Address	Salary Start: \$ _____ per _____ Finish: \$ _____ per _____		
City/State/Zip	Name & Telephone of Last Supervisor:		
Telephone	Title/Position Held		
Reason for Leaving	Duties		

TECHNICAL SKILLS:

Please list any certifications and skills you possess for the position that you are applying for and rate your experience level on a scale of 1 (basic) to 5 (expert).

Other than English, please list any other languages you speak:



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UNITED STATES SECURITY CLEARANCE:

Do you currently hold a U.S. Security Clearance? Yes ____ No ____

If yes, please specify type, level or scope of U.S. Security Clearance: _____

Is your U.S. Security Clearance active? Yes ____ No ____

Date of U.S. Security Clearance activation (if applicable): _____

BACKGROUND

Please circle the answer to each of the following questions. Use additional paper for explanations.

1.	Have you ever been convicted of a crime other than a minor traffic offense? If you have circled "Yes," please provide a full explanation on a separate sheet of paper.	Yes	No
2.	Have you ever been refused a governmental license or had one withdrawn related to any trade, occupation or business to which you have been connected? If you have circled "Yes," please provide a full explanation on a separate sheet of paper.	Yes	No
3.	Have you had any moving violation in the past three (3) years? If you have circled "Yes," please provide a full explanation on a separate sheet of paper.	Yes	No
4.	Have you has any motor vehicle accidents in the past three (3) years? If you have circled "Yes," please provide a full explanation on a separate sheet of paper.	Yes	No



PLEASE READ CAREFULLY

APPLICATION FORM WAIVER

In exchange for the consideration of my job application by Wycliffe Enterprises, Incorporated, (hereinafter called “the Company”), I agree that:

Neither the acceptance of this application nor the subsequent entry into any type of employment relationship, either in the position applied for or any other position, and regardless of the contents of employee handbooks, personnel manuals, benefit plans, policy statements, and the like as they may exist from time to time, or other Company practices, shall serve to create an actual or implied contract of employment, or to confer any right to remain an employee of Wycliffe Enterprises, Incorporated, or otherwise to change in any respect the employment-at-will relationship between it and the undersigned, and that relationship cannot be altered except by a written instrument signed by the Principals of the Company. Both the undersigned and Wycliffe Enterprises, Incorporated may end the employment relationship any time, without specified notice or reason. If employed, I understand that the Company may unilaterally change or revise their benefits, policies and procedures and such changes may include reduction in benefits.

I authorize investigation of all statements contained in this application. I understand that the misrepresentation or omission of facts called for is cause for dismissal at any time without any previous notice. I hereby give the Company permission to contact schools, previous employers (unless otherwise indicated), references, and others, and hereby release the Company from any liability as a result of such contract.

I also understand that the Company has a drug and alcohol policy that provides for preemployment testing as well as testing at any given time. Consent to and compliance with such policy is a condition on my employment.

I understand that, in connection with the routine processing of your employment application, the Company may request from a consumer reporting agency an investigative consumer report including information as to my credit records, character, general reputation, personal characteristics, and mode of living. Upon written request from me, the Company, will provide me with additional information concerning the nature and scope of any such report requested by it, as required by the Fair Credit Reporting Act.

Signature of Applicant: _____ Date: _____

Printed Full Name of Applicant: _____



Applicant Name _____

VOLUNTARY EEO/AFFIRMATIVE ACTION INFORMATION

All qualified applicants are considered for employment and are treated equally throughout their employment without regard to race, color, religion, gender, national origin, age, marital or veteran status, medical condition or handicap/disability, or any other legally protected status. We comply with government regulations, including affirmative action responsibilities where they apply.

To help us comply with governmental record keeping, reporting and other legal requirements, we request that you please fill out the Application Data record. We appreciate your cooperation.

Completion of this form is voluntary, and participation or refusal of participation will not affect the hiring decision.

Date _____ Position Applied _____

Last Name _____ First Name _____ MI _____

Gender: _____ **Male** _____ **Female**

Ethnicity: Are you Hispanic or Latino? (A person of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin, regardless of race.) _____ **Yes** _____ **No**

Race: if not Hispanic or Latino, please check the appropriate race category below:

_____ **White** (Not Hispanic or Latino) - A person having origins in any of the original peoples of Europe, the Middle East, or North Africa.

_____ **Black or African American** (Not Hispanic or Latino) - A person having origins in any of the Black racial groups of Africa.

_____ **American Indian or Alaskan Native** (Not Hispanic or Latino) – A person having origins in any of the original peoples of North and South America (including Central America), and who maintains tribal affiliation or community attachment.

_____ **Native Hawaiian or Other Pacific Islander** (Not Hispanic or Latino) – A person having origins in any of the original peoples of Hawaii, Guam, Samoa, or other Pacific islands.

_____ **Asian** (Not Hispanic or Latino) – A person having origins in any of the original peoples of the Far East, Southeast Asia, or the Indian subcontinent including, for example, Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand and Vietnam.

_____ **Two or More Races** (Not Hispanic or Latino) – A person who identifies with more than one of the above five races.

_____ **I do not wish to self-identify.**

