



Application for Employment

WAXIE SANITARY SUPPLY IS AN EQUAL OPPORTUNITY EMPLOYER

In compliance with federal and state Equal Employment Opportunity laws, qualified applicants are considered for all positions without regard to race, color, religion, sex, national origin, ancestry, age, marital status, pregnancy, veteran's status, sexual orientation, gender identity, disability, or any other characteristic protected by applicable law.

PLEASE PRINT

Date _____

Name: _____
Last First Middle

Address: _____
Street City State Zip

Phone No: () _____ Message Phone: () _____ Social Security No: _____

Position(s) Applied For: _____ Full Time Part Time Temporary

Salary Requirement \$ _____ per _____

Referral Source: Internet/Ad Employee Relative Agency Other _____

Referred By: _____

Have you ever applied at any WAXIE location? Yes No If yes, please specify location: _____

Have you ever worked at WAXIE before? Yes No If yes, please specify location & dates of employment:

Relatives Employed by WAXIE: _____ Location: _____

If hired, can you submit verification of your legal right to work in the United States? Yes No

Are you 18 years of age or older? Yes No If under 18, do you have a work permit? Yes No

If hired, when could you start work? _____

EDUCATION

School City/State	Circle Years Completed	Describe Major Course of Study	Describe Any Specialized Training	Graduated?	Degree/Certificate
High School	9 10 11 12			Yes No	
College/University	1 2 3 4			Yes No	
Professional/Technical	1 2 3 4			Yes No	

Scholarships or special honors relevant to position sought: _____

Special training, certifications, experience, or civic activity relevant to position sought: _____

MILITARY

Were you in the U.S. Armed Forces? Yes No

If yes, which branch: _____

Special Training/Service Duties: _____

LANGUAGE

List any language(s), other than English, that you speak and understand: _____

SKILLS

Typing, WPM: _____ 10-key adding machine: _____ MS Word _____ Excel _____ PowerPoint _____ Access _____

Other software/computer programs: _____

Other skills: _____

DRIVING INFORMATION – for driving jobs only

Do you have a valid driver's license? Yes No Class of License: _____

Endorsements: _____

Driver's License No: _____ State: _____ Expiration Date: _____

EMPLOYMENT RECORD

List the most recent position first. This section must be completed.

Employer: _____	Telephone No: (____) _____
Address: _____ Street City State Zip	Dates Employed: From _____ To _____ Mo/Yr Mo/Yr
Position Held: _____ Supervisor: _____	Salary Beginning: _____ End: _____
Description of Job Duties: _____ _____	Reason for Leaving: _____ _____

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Address: _____ Street City State Zip	Dates Employed: From _____ To _____ Mo/Yr Mo/Yr
Position Held: _____ Supervisor: _____	Salary Beginning: _____ End: _____
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May we contact your previous employer(s) for a reference? Yes No

