



the roller compaction expert

4270 Sunnyside Drive Holland, Michigan 49424-8653

616.399.2711

616.399.6889 fax

www.welchdry.com

APPLICATION FOR EMPLOYMENT

To the Applicant: WelchDry is an equal opportunity employer and will not unlawfully discriminate on the basis of race, color, sex, religion, national origin, age, marital or veteran status, the presence of a medical condition or handicap, height, weight, or any other protected status.

PERSONAL

Name _____ Date of Application _____
(Last) (First) (Middle)

Address _____ Telephone _____
(Number) (Street) (City) (Zip)

Social Security No. _____ Are you 18 yrs. or older? Yes No

Are you a U.S. Citizen? Yes No

Are you authorized to work in the United States? Yes No

Have you filed an application with WelchDry before? Yes No If yes, date(s)

List any friends or relatives working here _____

What method of transportation will you use to come to work? _____

EMPLOYMENT DESIRED

Position(s) applied for _____

Kind of work sought: Full time Part time

Do you have any special training, skills, qualifications, or other experiences that relate to the position(s) applied for? _____

Wage desired _____ Date available to work _____

EMPLOYMENT EXPERIENCE (List current or most recent job first)

Employer _____ Address _____

Job title _____ Supervisor _____

Date employed From _____ To _____

Hourly Rate/Salary Starting _____ Final _____

Reason for leaving _____

Employer _____ **Address** _____

Job title _____ Supervisor _____

Date employed From _____ To _____

Hourly Rate/Salary Starting _____ Final _____

Reason for leaving _____

Employer _____ **Address** _____

Job title _____ Supervisor _____

Date employed From _____ To _____

Hourly Rate/Salary Starting _____ Final _____

Reason for leaving _____

EDUCATION

High School (Name/Location) _____

Years Completed _____ Diploma? Yes No If no, GED? _____

Vocational/Training (Name/Location) _____

Years Completed _____ Diploma? Yes No

College (Name/Location) _____

Years Completed _____ Diploma? Yes No

Graduate (Name/Location) _____

Years Completed _____ Diploma? Yes No

MILITARY SERVICE RECORD

Have you had any experience in the Armed Forces of the United States or in a State National Guard?
Yes No If yes, what branch _____

Rank at discharge _____ Date of discharge _____

Are you in the reserves? If yes, date obligation ends _____

Special technical training _____

ADDITIONAL INFORMATION

Have you ever been convicted of a crime? If so, where, when and nature of offense_____

Do you have a valid driver's license? Yes No License No. _____

State any additional information that you feel may be helpful to us in considering your application_____

REFERENCES (Do not include relatives or former employers)

Name_____Address_____

Phone Number_____Years Acquainted_____

Name_____Address_____

Phone Number_____Years Acquainted_____

AUTHORIZATION AND UNDERSTANDING:

Upon the signing of this application, I represent that all of the information now or hereafter given by me in support of my application is true and complete. I authorize you to verify any of the information concerning my employment, education, credit or medical history with the appropriate individuals, companies, institutions or agencies, and I authorize them to release such information, as you require, including my prior disciplinary employment record, without any obligation to give me written notice of such disclosure. I also authorize you to release any information requested by any of my prospective or subsequent employers without any obligation to give me written notice of such disclosure. I hereby release you and them from any liability whatsoever as a result of any such inquiries and disclosures. I agree that any false information in support of my application may subject me to discharge at any time during the period of employment.

I understand that WelchDry, Inc. is an at-will employer and operates under the provision that Employees have the right to resign their position at any time, with or without notice or with or without cause. WelchDry, the employer, has similar rights to terminate the employment relationship at any time, with or without notice, and with or without cause. I agree that this arrangement may only be altered in writing directed to me personally and signed by the President of WelchDry. I agree that I shall be bound by the other rules, policies, regulations and terms and conditions of employment of the firm as they are from time to time changed, and no additional obligations can be imposed on the Company except those which have been acknowledged in writing, by the President or his designated representatives. I hereby authorize WelchDry to deduct from each and every period of my pay any amounts necessary to offset damages caused by me or the value of property or money entrusted to me by, or owed by me to WelchDry during the course of my employment.

I agree that any action or suit against WelchDry arising out of my employment or termination of employment, including, but not limited to, claims arising under State or Federal civil rights statutes, must be brought within 180 days of the event giving rise to the claims or be forever barred. I waive any limitation periods to the contrary.

(Signature)

(Date)

Please submit to humanresources@welchdry.com or via fax (616)399-6889