



APPLICATION FOR EMPLOYMENT

THIS IS AN IMPORTANT DOCUMENT. ANSWER EACH ITEM COMPLETELY. FAILURE TO DO SO MAY RESULT IN YOU NOT BEING CONSIDERED FOR THE POSITION.

First Name Middle Last

Street Address City

State Zip Code

Home Phone No. Cell Phone No.

Date



Essential Employment Requirements and Functions

- Must comply with the WL Markers, Inc., Inc. Substance Abuse Policy and DOT Drug Control Program, which includes a pre-employment and random drug and/or alcohol testing.
- Must be able to read and write.
- Must have a clean driving record or be accepted by company insurance policy provider to drive WL Markers, Inc. vehicles.
- You must have your own transportation to and from work.
- Must have a telephone.
- Must be willing to work days, nights, weekends, and go out of town for work.
- Must work as a team player.
- Must cooperate with co-workers.
- Must respond politely to customers, contractors, and the traveling public.
- Must be willing to think quickly and act appropriately in emergency situations.
- Must be able to function under intense time pressure.
- Must be willing to accept change.
- Must contribute to a healthy, positive work environment.
- Must accept any other related, relevant work duties as assigned.

I have read and understood the above contents. I realize that at any time during my employment with WL Markers, Inc if any of the above requirements or functions are not met, it could result in the termination of my employment relationship with WL Markers, Inc.

SIGNATURE: _____ DATE: _____

Position Preferences:

How were you referred to WL Markers, Inc. _____

For what position are you applying? _____

Salary desired: \$_____ per _____ (specify hour, week, year)

Schedule desired: Full Time _____ Part Time _____ # hrs. per week _____

Could you work overtime? Yes___ No___

What date could you start work? _____

Could you travel if required by this position? Yes___ No___ _____ % of the time

Are you available at times to work nights? Yes___ No___

Education:

High School

School Name: _____

City and State: _____

Degree or Number of years completed: _____

Major or Subject: _____ Grade Point Average: _____

College

School Name: _____

City and State: _____

Degree or Number of years completed: _____

Major or Subject: _____ Grade Point Average: _____

List any certificates earned or in progress, and/or any additional training programs not included in your formal education.

List any Professional Affiliations to which you belong (please do not list activities which would indicate age, sex, color, race, creed, national origin, religion, marital status, sexual orientation, political belief, or disability) :

Military Experience:

Have you ever been in the Armed Forces? Yes___ No___ Specialty: _____

Date entered: _____ Discharge date: _____

List any awards or honors you received:

Miscellaneous Information:

Have you ever been convicted of a crime? Yes _____ No _____

If yes, explain number of conviction(s), nature of offense(s) leading to conviction(s), how recent such offense(s) took place, sentence(s) imposed and type(s) of rehabilitation:

Have you had any amount of time lost from work during the past 3 years for any reason?

Yes_____ No_____

If yes, please provide dates and reason for loss of time: _____

Field positions with WL Markers, Inc. are labor intensive and have the following physical requirements:

1. Ability to stand and/or walk for up to 12 hours a day.
2. Ability to climb in and out via 2-3 step access of truck & machinery cabs.
3. Ability to lift up to 50 lbs.
4. Ability to operate equipment push-type application and removal equipment that can weigh up to 200 lbs.
5. Ability to bend over and stoop for purposes of measuring, project layout and product application.
6. Ability to climb up and down on a ladder to access equipment located on trucks.

Are you currently able to meet these requirements? Yes _____ No _____

If no, please provide an explanation: _____

Driving Information:

Do you have a driver's license? Yes____ No____

Driver's License No.: _____ State of Issue: _____

Expiration Date: _____ Operator _____ Commercial (CDL) _____

Can you drive a manual transmission vehicle? Yes____ No____

Are you familiar with the Columbus geographic area? Yes____ No____

Have you ever had your driver's license suspended or revoked?
If yes, please provide date, length of time, and explanation_____

Have you been in an accident or received a traffic violation in the last five years?
If yes, please provide date and explanation_____

Work Experience:

List your current or most recent employment first (include work related internships).

Current Employer: _____

City and State: _____ Telephone Number: _____

Supervisor's Name and Title: _____

Position Title: _____

Duties performed, skills used or learned: _____

Reason for Leaving: _____

Salary: _____ per Hour Week Month Year (circle one)

Dates of Employment: From: _____ To: _____

May we contact your employer? Yes____ No____

Previous Employer: _____

City and State: _____

Telephone Number: _____

Supervisor's Name and Title: _____

Position Title: _____

Reason for Leaving: _____

Salary: _____ per Hour Week Month Year (circle one)

Dates of Employment: From: _____ To: _____

May we contact your employer? Yes____ No____

Previous Employer: _____

City and State: _____

Telephone Number: _____

Supervisor's Name and Title: _____

Position Title: _____

Reason for Leaving: _____

Salary: _____ per Hour Week Month Year (circle one)

Dates of Employment: From: _____ To: _____

May we contact your employer? Yes____ No____

Professional References:

Name	Title	Company	Phone	Relation
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1. _____

2. _____

3. _____



Releases and Applicant's Signature

In connection with my application for employment and as a condition of continuing employment, I understand that investigative background inquiries may be made on me including previous employers, schools, consumer credit, criminal convictions, motor vehicle, and other reports. These reports will include information as to my character, work habits, performance, education, compensation, and experience along with reasons for termination of employment from previous employers. Furthermore, I understand that the company may be requesting information from various federal, state, and other agencies which maintain records concerning my past activities relating to my driving, credit, criminal, civil, and other experiences as well as claims involving me in the files of insurance companies. I authorize without reservation, any party involved from liability and responsibility for doing so. I hereby consent to obtaining the above information from WL Markers, Inc. and/or any of their agents. This authorization and consent shall be valid in original, fax or copy form.

Applicant's Signature

Date

All hiring and employment at WL Markers, Inc. is at will. I understand this application is not an employment contract, nor can it be used to create one. Employment by WL Markers, Inc. has no specific term and may be terminated by the employee or by WL Markers, Inc. with or without notice. I acknowledge that WL Markers, Inc. Inc. has not made any promise or representations that differ from those contained in this paragraph.

I understand I must provide satisfactory documents to establish my identity and right to work in the United States, if I am offered a position with WL Markers, Inc. and that failure to provide this evidence will result in the termination of my employment.

I release and agree to hold harmless any individual, company, business institution, or government agency from all liability with regard to furnishing information WL Markers, Inc. I agree to release and hold harmless WL Markers, Inc. Inc. from all liability with respect to the receipt of such information.

I certify that the information I have furnished on this application form is true and complete. I understand that if any misrepresentation has been made by me verbally or in writing, any offer of employment made to me may be withdrawn or my subsequent employment with WL Markers, Inc. may be terminated.

Applicant's Signature

Date



Pre-Employment Drug Screening

As part of WL Markers, Inc. 's employment procedures and commitment to a safe, healthy, lawful and productive workplace and workforce, applicants will be required to undergo a pre-employment drug screening that is conducted by a vendor designated by WL Markers, Inc. Any offer of employment that an applicant receives from WL Markers, Inc is contingent upon successful passing of this screening.

Applicants, who attempt to alter, adulterate or substitute a specimen for purposes of screening will be deemed to have tested positive. Applicants testing positive will be removed from consideration for employment with WL Markers, Inc for a period of at least twelve (12) months.

WL Markers, Inc. will do the scheduling of this screening. **The applicant will pay the cost of the drug screening. Upon successful passing of this screening, WL Markers, Inc will reimburse the applicant for the cost of the screening.** Applicants, who test positive, attempt to alter, adulterate or substitute a specimen for purposes of screening will not have their screening fee reimbursed.

For additional information testing refer to the WL Markers, Inc. Substance Abuse Policy and DOT Drug Control Program.

Acknowledged,

Signature of Applicant

Date