



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.

**** Please submit a copy of your valid driver's license**

Personal Data:

First Name Middle Last

Home Phone No. Daytime Phone No. (at which you can be reached)

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 and the ability to be reached.
- Must be willing to work-days, nights, weekends, and go out of town for work.
- Must be mild tempered and 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.
- Must be able to assist with transportation and operation of heavy machinery and equipment.
- Must be able to assist with preparing job sites, materials, and tools.
- Must be able to assist with loading and unloading of materials, tools, and equipment.
- Must be able to assist with removing debris, garbage, and dangerous materials from sites.
- Must be willing to undertake training, if necessary.

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: _____



WL Markers, Inc. Employment Application

WL Markers, Inc. is an equal opportunity employer, dedicated to a policy of non-discrimination in employment on a basis including age, sex, color, race, creed, national origin, religion, marital status, sexual orientation, political belief or disability.

Federal law prohibits the employment of unauthorized aliens. All persons hired must submit satisfactory proof of employment authorization and identity within three (3) days of being hired. Failure to submit such proof within the required time shall result in immediate employment termination.

Personal Data:

First Name Middle Last

Street Address City

State Zip Code

Home Phone No. Daytime Phone No. (at which you can be reached)

Social Security #

Email Address

Are you 18 years of age or older? Yes ____ No ____

Are you currently in an apprentice program with any Union Yes ____ No ____
If so, what Union? _____

Position Preferences:

How were you referred to WL Markers, Inc. _____

What position are you applying for? _____

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: _____

Number of years completed: _____

Major or Subject: _____ Grade Point Average: _____

College

School Name: _____

City and State: _____

Degree/Certification: _____ from: _____ to _____

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 valid 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 _____

Are you willing to get a CDL License? Yes _____ No _____

Have you ever had your driver's license suspended or revoked? Yes _____ No _____

If yes, please provide date and explanation _____

Do you have experience driving medium to heavy duty vehicles? Yes _____ No _____

Have you been in an accident or received a traffic violation in the last 5 years? Yes _____ No _____

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:

1. _____
Name Title Company

Relationship Email Phone

2. _____
Name Title Company

Relationship Email Phone

3. _____
Name Title Company

Relationship Email Phone



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

Print Name

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

Print Name



Pre-Employment Drug Screening

As part of WL Markers, Inc. 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, and will pay for the screening. Applicants, who test positive, attempt to alter, adulterate or substitute a specimen for purposes of screening will not be hired.

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

Acknowledged,

Applicant's Signature

Date

Print Name

DISCLAIMER

Applicant understands that this is an Equal Opportunity Employer and is committed to excellence through diversity. In order to ensure this application is acceptable, please print or type with the application being fully completed in order for it to be considered.

Please complete each section EVEN IF you decide to attach a resume.

I, the Applicant, certify that my answers are true and honest to the best of my knowledge. If this application leads to my eventual employment, I understand that any false or misleading information in my application or interview may result in my employment being terminated.

SIGNATURE _____ **DATE** _____

PRINT NAME _____