



Date: _____

Personal Information

First Name: _____ Middle Name: _____ Last Name: _____ Suffix: _____

Street Address: _____ City: _____ State: _____ ZIP: _____

How long have you lived at this address: _____

Home Phone: _____ Other phone/message phone: _____ Email address: _____

Social Security Number: _____ Driver's License Number: State _____ Number _____ Type _____

Previous address: (Street, City, State, ZIP): _____

How long did you live there? _____

Have you ever been convicted of a felony? Yes No Date: _____

If yes, please describe: _____

Position Applied For: _____ Pay rate/Salary required: _____

Who do you know who works here? _____

Where did you learn about this job opportunity? _____

Where did you obtain this application? _____

Have you worked with us before: Yes No

Prior Position: Regular Temporary Reason for Leaving: _____

Name: _____ Social Security Number: _____

Employment History:

Applicant must account for all time for the past 7 years. Begin with the present and work backwards. If unemployed, in school, or in another situation for a period, please state.

From Month/Year to Month/Year _____ Reason for leaving: _____

Employer Name & Type of Business: _____

Address (Street, City, State, ZIP): _____

Type of Employment (check all that apply): Regular Temporary Part Time Full Time Self-Employed

Your Position: _____ Brief description of job duties: _____

Supervisor name: _____ Supervisor phone: _____

Last salary: \$ _____ per _____ May we contact this employer: Yes No

From Month/Year to Month/Year _____ Reason for leaving: _____

Employer Name & Type of Business: _____

Address (Street, City, State, ZIP): _____

Type of Employment (check all that apply): Regular Temporary Part Time Full Time Self-Employed

Your Position: _____ Brief description of job duties: _____

Supervisor name: _____ Supervisor phone: _____

Last salary: \$ _____ per _____ May we contact this employer: Yes No

From Month/Year to Month/Year _____ Reason for leaving: _____

Employer Name & Type of Business: _____

Address (Street, City, State, ZIP): _____

Type of Employment (check all that apply): Regular Temporary Part Time Full Time Self-Employed

Your Position: _____ Brief description of job duties: _____

Supervisor name: _____ Supervisor phone: _____

Last salary: \$ _____ per _____ May we contact this employer: Yes No

Emergency Contact Information

In case of Emergency Notify:

Name: _____

Address: _____

City/State: _____

Telephone number: _____

Other phone number: _____

Notice to Applicant

Worldwide Air Coolers is committed to a policy of equal employment opportunities for all persons regardless of race, sex, color, religion, national origin, ancestry, citizenship or lawful alien status, age, disability, marital status, family care leave status veteran status or U.S. Armed Forces Service. All applicants are considered on this basis.

Accommodation of Disability

I understand that I may be required to take an examination as part of the application process. In the event that I have a disability which might affect my ability to take such an examination, I will inform Worldwide Air Coolers of my disability in writing prior to the administration of the test and will request in writing that an accommodation be made. Requested accommodations may include accessible testing sites, modified testing conditions, and accessible testing formats. Worldwide Air Coolers reserves the right to require medical documentation, including a second opinion, concerning the need for any accommodation.

Probationary Period

I understand that all employees are hired on a probationary basis for sixty (60) days and that employment is conditional upon satisfactory performance.

Pre-Employment, Post-Offer Drug Screen

I understand that Worldwide Air Coolers has a policy of a drug and alcohol free workplace and that I may be required to submit to a drug/alcohol screening prior to employment, or when a reasonable suspicion exists that I am using or in the possession of drugs or alcohol while on company property or in company vehicles. I further understand that failure to comply with this policy, or to submit to required drug/alcohol screening, either prior to employment, or when a reasonable suspicion exists that I may be in possession of, or under the influence of drugs or alcohol, is ground for termination.

Other Information

I understand that nothing contained in the employment application or in the granting of an interview is intended to create an employment contract between Worldwide Air Coolers and myself for either employment or for the providing of any benefit. No promises regarding employment or conditions of employment have been made to me. If an employment relationship is established, I understand that I have the right to terminate my employment at any time for any reason or for no reason, and that Worldwide Air Coolers retained the right to terminate my employment at any time, with or without cause.

I understand that, if employed, policies and rules which are issued are not conditions of employment and that Worldwide Air Coolers may revise policies or procedures, in whole or in part, at any time.

I understand that this application will be kept on active file for 30 days from the date completed, after which time I would need to reapply in order to be considered for employment.

Certifications

By my signature below, I acknowledge that I have read and understand the information above. I also certify that information given by me in this application is true and correct in all respects and I agree that if the information given is found to be false or misleading in any way, it shall be considered sufficient cause for denial of employment or discharge from employment.

Signature of Applicant: _____

Date: _____

Worldwide Air Coolers
6917 S. Hwy 97, Sapulpa, Ok 74066
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becky.goodfellow@sheco.com

DISCLOSURE TO EMPLOYMENT APPLICANT

This is to notify you that a Consumer Report and/or Investigative Consumer Report will be conducted on you for employment purposes.

By signing the release below, I hereby authorize Worldwide Air Coolers to contact any and all corporations, former employers, credit agencies, educational institutions, law enforcement agencies, city, state, county and federal courts, and military services to obtain information about my background including, but not limited to, information about employment, education, consumer credit history, driving record, criminal record and general public records history.

I authorize without reservation such corporations, former employers, credit agencies, educational institutions, law enforcement agencies, city, state, county and federal courts, and military services to release information about my background including, but not limited to, information about employment, education, consumer credit history, driving record, criminal record and general public records history.

I believe to the best of my knowledge that all information I have provided is accurate, true and correct and that I fully understand the terms of the release.

Please print clearly:

Your Name: _____

Other Names Used: _____

Street Address: _____

City/State/Zip: _____

Date(s) degree(s) received, if applicable: _____

Social Security Number: _____

Driver's License Number and Issuing State: _____

Date of Birth: _____

Applicant Signature: _____ Date: _____