

APPLICATION FOR EMPLOYMENT - Submit to job.app@nwtworks.org

PERSONAL INFORMATION			
Name (First, Middle, Last):		Address:	
Phone No(s): _____		City/State/Zip: _____	
Email Address: _____		County: _____	
Are you legally eligible to be employed in the United States? _____ <i>Proof of identity and eligibility will be required upon employment.</i>		Are you over the age of 18 years? _____ <i>If no, you may be required to provide authorization to work.</i>	
Desired Position:		Date available to begin work:	
Have you been convicted of a felony in the last 7 years? _____ If yes, explain:		Have you been convicted of a misdemeanor in the last 7 years? _____ If yes, explain:	
NOTE: A conviction will not necessarily result in denial of employment			
Can you perform the essential functions of the position for which you are applying? _____ If no, please explain.			
Do you have any physical limitations that preclude you from performing any work for which you are being considered? _____ If yes, what can be done to accommodate your limitations? _____			
Are you able to lift and manipulate objects of up to 50 lbs. within a shift if the position calls for it? _____			
Please check your availability for work: DAYS ____ NIGHTS ____ WEEKENDS ____ FULL-TIME ____ <i>If not able to work full-time, please explain.</i>			
EMPLOYMENT INFORMATION			
Begin with present or most recent position. Use an additional sheet of paper if more space is necessary.			
Company Name:		Company Address:	
City/State/Zip:	Telephone:	Supervisor:	Dates Employed:
Job Title:		Hourly Wage:	
Work Performed:		Reason for leaving:	
Company Name:		Company Address:	
City/State/Zip:	Telephone:	Supervisor:	Dates Employed:
Job Title:		Hourly Wage:	
Work Performed:		Reason for leaving:	
List any relevant <u>special skills</u> you possess from previous work experience, including any from United States military:			

Do you belong to any professional, trade, business, or civic organizations that deal with the position for which you are applying? ____ If yes, please explain, including any offices held (omit any organization that reflects race, color, religion, age, sex, sexual orientation, marital status, or disabilities):

Have you ever done any volunteer work? ____ If yes, describe (omit any organization that reflects race, color, religion, age, sex, sexual orientation, marital status or disabilities):

EDUCATION INFORMATION

	High School	Technical / Community College	Undergraduate College/ University	Graduate / Professional
School Name/ Location				
Years Completed				
Diploma/Degree Earned				
Course of Study/Major				
Specialized training/skills				
Honors Received				

PERSONAL REFERENCES

Give three individuals not related to you whom you have known at least one year.

Name	Phone Number	Address	Years Acquainted

APPLICANT SIGNATURE – PLEASE READ AND SIGN

I certify that all answers given herein are true and complete to the best of my knowledge. I understand that failure to reveal any prior employer or giving false or misleading information by me on any part of this Application for Employment can result in disqualification for employment consideration or, if hired, may be grounds for termination from the company or its' subsidiaries. I authorize investigation of all statements contained in this application for employment as may be necessary in arriving at an employment decision and the references listed above to give you all information concerning my previous employment and release all parties from all liability for any damage that may result from furnishing same to you. I understand that if I am hired, my employment is for no definite period and may, regardless of the day of payment of my wages and salary, be terminated at any time without prior notice. I hereby understand and acknowledge that, unless otherwise defined by applicable law, any employment relationship with this organization is of an "at will" nature, which means that the Employee may resign at any time and the Employer may discharge Employee at any time with or without cause. It is further understood that this "at will" employment relationship may not be changed by any written document or by conduct unless such change is specifically acknowledged in writing by an authorized executive of this organization. This application for employment shall be considered active for a period of time not to exceed six months. Any applicant wishing to be considered for employment beyond this time period should inquire as to whether or not applications are being accepted at that time.

Applicant Signature

Date

-----Do Not Write Below This Line-----

Interviewed by: _____ Title _____ Date: _____

Hired? [] Yes [] No If yes, Job Title: _____ Start Date: _____

Company: _____ County: _____

Supervisor: _____ Compensation: \$ _____ per _____

WE ARE AN EQUAL OPPORTUNITY EMPLOYER. Applicants will receive consideration for positions, without regard to race, color, religion, age, sex (except where sex is a bonafide occupational qualification), sexual orientation, marital status, individuals with disabilities, or any other legally protected status. Auxiliary aids and services available upon request. TDD# 731-286-8383. WD-##-17, 7/2025.