



W P C I

The Nations' Premier Comprehensive Drug Program Administrator

1124 Broadway, Ste A, PO Box 1936, Scottsbluff, NE 69363-1936 (308) 632-7411 (308) 632-8422 (Fax)

EMPLOYMENT APPLICATION

Position Desired: _____

Date: _____

Last Name First Name Middle

Street Address City, State, Zip () Contact Phone No.

Are you available for: _____ Part-time _____ Full time _____ Either Will you work overtime if asked? _____ Yes _____ No

What salary range are you seeking: \$ _____ per hour

Are you legally eligible for employment in the United States? _____ Yes _____ No When are you available to begin work? _____

Have you ever applied for employment with us? _____ Yes _____ No If yes: month and year _____

Have you ever been convicted of any drug or alcohol related offenses? _____ Yes _____ No

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

If yes, please provide dates and charge/s: _____

State name of relatives and friends working for WPCI: _____

RECORD OF EDUCATION

School	Name & Location of School	Course of Study	Last Year Completed	GPA	Degree
High	_____	_____	1 2 3 4	_____	_____
College	_____	_____	1 2 3 4	_____	_____
Other	_____	_____	1 2 3 4	_____	_____

The information provided in this Application of Employment is true, correct and complete. If employed, any misstatement or omission of fact on this application may result in my dismissal.

I understand that acceptance of an offer of employment does not create a contractual obligation upon the employer to continue to employ me in the future.

If you decide to engage an investigative consumer reporting agency to report on my credit and personal history I authorize you to do so. If a report is obtained you must provide, at my request, the name and address of the agency so I may obtain from them the nature and substance of the information contained in the report.

Date

Applicant Signature

RECORD OF EMPLOYMENT

List below all current, present & past employment for last 5 to 10 years, beginning with your most recent

Name and Address of Company: _____

Phone Number: (____) _____ Name of Supervisor: _____

Employed: **FROM** Mo/Yr: ____ / ____ **TO:** Mo/Yr: ____ / ____ Reason for leaving: _____

May we contact your supervisor? _____ What was your job title: _____

Describe Your Work: _____

Name and Address of Company: _____

Phone Number: (____) _____ Name of Supervisor: _____

Employed: **FROM** Mo/Yr: ____ / ____ **TO:** Mo/Yr: ____ / ____ Reason for leaving: _____

May we contact your supervisor? _____ What was your job title: _____

Describe Your Work: _____

Name and Address of Company: _____

Phone Number: (____) _____ Name of Supervisor: _____

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Name and Address of Company: _____

Phone Number: (____) _____ Name of Supervisor: _____

Employed: **FROM** Mo/Yr: ____ / ____ **TO:** Mo/Yr: ____ / ____ Reason for leaving: _____

May we contact your supervisor? _____ What was your job title: _____

Describe Your Work: _____

REFERENCES

Please list 3 references that we may call, **do not list relatives**

Name and Occupation **Address** **Phone Number**
