



WESTERN PLAINS BUSINESS SOLUTIONS APPLICATION FOR EMPLOYMENT

PERSONAL INFORMATION

Date _____

Name (Last name first)	SSN
Current Address	City State Zip
Phone Number	Referred By

EMPLOYMENT DESIRED

Position Applying for	Date you can start	Salary wage required per
Are you currently employed? <input type="checkbox"/> Yes <input type="checkbox"/> No	Can we contact your current employer? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Have you ever applied with this company before? <input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, when?	
Would you consider relocation? <input type="checkbox"/> Yes <input type="checkbox"/> No	if yes, any area you would not consider?	

EDUCATION

Name and Location of School	Years Attended	When Graduated	Subject Studied
High School			
College			
College			
Trade, Business or Correspondence School			

GENERAL

Subjects of Special Study or Research Work		
What languages do you speak fluently?	Read	Write
U.S. Military or Naval Service	Rank	Present membership in National Guard or Service
Organizations, Fraternities and Clubs Associated with & Positions held within		

PHYSICAL

What, if any, physical handicaps do you have that precludes you from performing any work for which you have applied?			
Were you ever injured?		Give details	
<input type="checkbox"/> Yes <input type="checkbox"/> No			
Do you have any?	Hearing Impairments	Vision Impairments	Speech Impairments
In case of Emergency notify:	Address		Phone Number
Restrictions on Driver's License			

EMPLOYMENT

Date Month/Year From To	Name/Address	Starting Salary	Starting Position	Job Duties
Immediate Supervisor	Phone #	Ending Salary	Ending Position	
Reason for Leaving				
Date Month/Year From To	Name/Address	Starting Salary	Starting Position	Job Duties
Immediate Supervisor	Phone #	Ending Salary	Ending Position	
Reason for Leaving				
Date Month/Year From To	Name/Address	Starting Salary	Starting Position	Job Duties
Immediate Supervisor	Phone #	Ending Salary	Ending Position	
Reason for Leaving				

REFERNCES

Name	Phone	Relationship	Years Known

VEHICLES

If the position you are applying for will require driving a vehicle (technician, delivery, etc.) in the performance of your job duties, please complete.

Current Drivers License# _____ State _____

Have you ever been declined/refused insurance? Yes No
Please Explain: _____

Have you ever been on High Risk insurance? Yes No
Please Explain: _____

Have you ever lost your driver's license or have had it revoked? Yes No
Please Explain: _____

List all motor vehicle violations in the last seven years (i.e. date and nature of violation) _____

I authorize investigation of all statements contained in this application. I understand that if employed at Western Plains Business Solutions, misrepresentation or omission of facts is cause for dismissal, further, I understand and agree that my employment is for no definite period and may, regardless of the date of my wages and salary, be terminated at any time without prior notice. I authorize a complete background check by a third party investigation service. I also authorize any person, company, or corporation to release information to Western Plains Business Solutions and/or the third party investigation service that may be within the scope of the investigation

Signature _____ Date _____