



3298 Commerce Drive
Newburgh, IN
Phone: 812 490-0724
Fax: 812 490-0730

Employment Application

Applicant Information

Full Name: _____ Date: _____
Last First M.I.

Address: _____
Street Address Apartment/Unit #

City State ZIP Code

Phone: _____ Email _____

Date Available: _____ Social Security No.: _____ Desired Salary: \$ _____

Position Applied for: _____

Are you a citizen of the United States? YES NO If no, are you authorized to work in the U.S.? YES NO

Have you ever worked for this company? YES If yes, when? _____

Have you ever been convicted of a felony? YES

If yes, explain: _____

Drivers License Information

State _____ License # _____ Expiration Date _____ Type _____
_____/_____/_____

If you do not have a current Drivers License please explain why:

High School: _____ Address: _____

From: _____ To: _____ Did you graduate? YES NO Diploma: _____

College: _____ Address: _____

From: _____ To: _____ Did you graduate? YES NO Degree: _____

Other: _____ Address: _____

From: _____ To: _____ Did you graduate? YES NO Degree: _____

Please list three professional references.

Full Name: _____ Relationship: _____

Company: _____ Phone: _____

Address: _____

Full Name: _____ Relationship: _____

Company: _____ Phone: _____

Address: _____

Full Name: _____ Relationship: _____

Company: _____ Phone: _____

Address: _____

Previous Employment

Company: _____ Phone: _____

Address: _____ Supervisor: _____

Job Title: _____ Starting Salary: \$ _____ Ending Salary: \$ _____

Responsibilities: _____

From: _____ To: _____ Reason for Leaving: _____

May we contact your previous supervisor for a reference? YES NO

Company: _____ Phone: _____

Address: _____ Supervisor: _____

Job Title: _____ Starting Salary: \$ _____ Ending Salary: \$ _____

Responsibilities: _____

From: _____ To: _____ Reason for Leaving: _____

May we contact your previous supervisor for a reference? YES NO

Company: _____ Phone: _____

Address: _____ Supervisor: _____

Job Title: _____ Starting Salary:\$ _____ Ending Salary:\$ _____

Responsibilities: _____

From: _____ To: _____ Reason for Leaving: _____

May we contact your previous supervisor for a reference? YES NO



Branch: _____ From: _____ To: _____

Rank at Discharge: _____ Type of Discharge: _____

If other than honorable, explain: _____

Disclaimer and Signature

I certify that my answers are true and complete to the best of my knowledge.

If this application leads to employment, I understand that false or misleading information in my application or interview may result in my release.

Signature: _____ Date: _____



Dress code on the job site

Shirt and jeans or work pants. No holes or rips in pants or excessive length. No shorts on the job site. * Reinforced or steel toe boots are required.

Recommended Personal Tools (Climbers)

(1 pair) Work Gloves
(1 pair) Work Boots *(see above)
(1 pair) Safety Glasses

(1pair) Model 440 Channel Locks
(1set)Ratchet Wrenches, SAE
(1pair)Lineman Pliers
(1pair) Fence Pliers
(1set)Open end Wrenches

I _____ received this policy on _____

Employee _____ Date _____

Witness _____ Date _____



WORLDWIDE

Communications Consultants, Inc.

DISCLOSURE UNDER

FAIR CREDIT REPORTING ACT

AND

CONSENT TO PROCUREMENT OF

CONSUMER REPORT

FOR

EMPLOYMENT PURPOSES

The undersigned hereby authorizes Worldwide Communications Consultants, Inc. or its Insurance agency Schultheis Insurance, or its assigns, to obtain copies of consumer report, including a motor vehicle report pertaining to me for employment purposes, and for use in rating and/or underwriting insurance for which the above-named employer may apply, and any renewal thereof.

I understand that in obtaining such consumer reports, a consumer reporting agency may be used, and I do hereby authorize such use.

DATED: _____

PRINT NAME: _____

SIGNED: _____

DATE OF BIRTH _____

DRIVERS LICENSE#: _____

STATE LICENSES ISSUED _____

SOCIAL SECURITY NUMBER _____



Worldwide Communications Consultants, Inc Drug Screen Policy

Upon hiring a new employee, that employee will be sent for a drug screen at St. Mary's Occupational Medicine. If the employee receives a negative drug screen the company will pay for the drug screen. Upon an employee receiving a positive drug screen the employee will be responsible for the cost of the drug screen and the cost will withheld from the employee's pay check. The employee will be terminated be immediately. If an employee has been sent out of state to work and the drug screen is positive the employee will be responsible for the cost of their trip home.

Employees will be subject to random drug screening. This will be a blind draw conducted by St. Mary's OCC. Medicine.

An employee injured in the job or involved in a motor vehicle accident will be subject to immediate drug or alcohol screening.

I _____ understand the above policy and agree to abide by the terms set forth.

Employee _____ Date _____

Witness _____ Date _____

Witness position with the company _____



Employment Verification

The individual signed below has submitted an application to WWC, Inc. Please provide the information requested and fax this form back to our office at 812-490-0724

Thank you for your prompt attention.

To be completed by Applicant:

Name of Applicant _____

Date of Birth _____

Social Security _____

Driver' License Number _____

I hereby authorize release of the information from current, past employers, law enforcement agencies personal references or other persons who may have information concerning my criminal history, motor vehicle history, employment history, or other information as needed.

Signature _____

Date _____

Witness _____ *Date* _____