

Application for Employment

THOMAS WINEMILLER & ASSOCIATES, INC.

Land Surveyors ~ Civil, Environmental & Structural Engineers

1825 West Main Street
Richmond, Indiana 47374

34 East National Road
Vandalia, Ohio 45377

(765)-966-6274

(937)-898-5862

Web site: www.winemillerengineering.com Email: www.info@winemillerengineering.com

Applicants are considered for all positions without regard to sex, race, color, religion, creed, gender, national or ethnic origin, sexual orientation, age, marital or veteran status

(PLEASE PRINT). Any education used to meet the requirements of the position posted must be verified by a transcript, diploma, and/or certification. Photocopies of transcripts are accepted during application process; official transcripts may be required before successful hire.

Date of application _____

Position Applying For: _____ Full Time Part Time
(Application forms will only be accepted for positions currently available)

Referral Source: Advertisement (Specify where) _____ Employee
 Other (Specify) _____ Friend

Full Name _____
Last First Middle

Former Name _____ Preferred Name _____

Email Address _____

Address _____
Number Street

City _____ State _____ Zip Code _____ County _____
Telephone (day) () - _____ Telephone (evening) () - _____

Have you filed an application here before? Yes No
If yes, for which position _____

Have you been employed here before? Yes No
If yes, give date and position _____

Are you prevented from lawfully becoming employed in this country because of Visa or Immigration Status?
(Proof of employment eligibility will be required upon employment) Yes No

Have you ever been convicted of a crime or do you currently have criminal charges pending? Yes No
If yes, please provide additional detail: (NOTE: Convictions and/or pending charges will not necessarily disqualify applicant from employment. Include any drug and/or alcohol related driving offenses. Circumstances of the offense will be considered as they relate to the position.)

Education

	Technical College	College	Graduate Program
Institution Name			
Location			
Diploma/ Degree			
Major			
Minor			
Dates Attended			
Date Graduated			
# of credits			
Other			

Honors Received: _____

Indicate your computer software experience: _____

Give three professional references who are not related to you.

Name	Title	Business	Telephone
			() -
			() -
			() -

Are you employed currently? Yes No May we contact your current employer? Yes No

Employment Experience

Starting with your present or most recent employer, please list your work experience, including any U.S. or other military experience. Including all employment whether full-time, part-time, summer, or temporary. Attach a separate sheet, if necessary. This section must be fully completed. Listing "See Resume" or other similar language is NOT acceptable and may eliminate your application from further consideration.

List any Significant Occupational License(s) you currently hold:

Employer:			Description of your position responsibilities:
Address (Street, City, State):			
Position Held			
Supervisor's name:			
Reason for leaving:			
# hours/ week:			
Salary:			
Dates Employed:	From: (m/yr)	To: (m/yr)	
May we contact this employer:	<input type="checkbox"/> Yes <input type="checkbox"/> No		

Employer:			Description of your position responsibilities:
Address (Street, City, State):			
Position Held			
Supervisor's name:			
Reason for leaving:			
# hours/ week:			
Salary:			
Dates Employed:	From: (m/yr)	To: (m/yr)	
May we contact this employer:	<input type="checkbox"/> Yes <input type="checkbox"/> No		

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Address (Street, City, State):			
Position Held			
Supervisor's name:			
Reason for leaving:			
# hours/ week:			
Salary:			
Dates Employed:	From: (m/yr)	To: (m/yr)	
May we contact this employer:	<input type="checkbox"/> Yes <input type="checkbox"/> No		

Employer:			Description of your position responsibilities:
Address (Street, City, State):			
Position Held			
Supervisor's name:			
Reason for leaving:			
# hours/ week:			
Salary:			
Dates Employed:	From: (m/yr)	To: (m/yr)	
May we contact this employer:	<input type="checkbox"/> Yes <input type="checkbox"/> No		

Employer:			Description of your position responsibilities:
Address (Street, City, State):			
Position Held			
Supervisor's name:			
Reason for leaving:			
# hours/ week:			
Salary:			
Dates Employed:	From: (m/yr)	To: (m/yr)	
May we contact this employer?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	

Do you have any limitations which would preclude or hinder you in performing the essential functions/duties of the job for which you are applying? Yes No If yes, please describe:

APPLICANT'S STATEMENT

I certify that all answers given herein are true and complete to the best of my knowledge. I authorize any and all current and former employers and institutions of learning to release my personnel records and/or transcripts to Thomas Winemiller & Associates, Inc. or its agents in connection with this application, and release and hold harmless such organizations from any claims on my part in connection with such release or response. I understand that this application is not, nor intended to be a contract of employment. In the event of employment, I understand that false or misleading information given in my application or interview(s) may disqualify me from consideration for hire or may result in discharge. I understand, also, that upon hire I am required to abide by all rules, policies and regulations of Thomas Winemiller & Associates, Inc. I also consent to pre-employment drug screening and testing if requested by Thomas Winemiller & Associates, Inc. and further do acknowledge and consent to random drug screening and testing by Thomas Winemiller & Associates, Inc. during the tenure of my employment.

Further, by signing below, I also authorize the procurement of my motor vehicle records to evaluate my insurability for purposes of driving a vehicle owned by Thomas Winemiller & Associates, Inc.

I authorize the release of reference information _____ Social Security Number ____ / ____ / ____
(Initials)

Signature of Applicant

Date

Name (please print): _____

