



the WRAC EMPLOYMENT application

Personal Information (PLEASE PRINT)

First Name: _____ Last Name: _____ Date of Application: _____

Street Address: _____ City: _____ State: _____ Zip Code: _____

Home Phone: (____) _____ Cell Phone: (____) _____ Social Security Number: _____

Email Address: _____ Drivers License Number: _____

If hired, can you provide proof that you are legally able to work in the United States? Yes ___ No ___

Have you ever been convicted of a criminal offense (felony or misdemeanor)? *Note: An affirmative answer will not necessarily result in disqualification for employment:* Yes ___ No ___

If yes, please state nature of offense(s), date(s), city, state and disposition of the offense:

Employment

Position Desired: _____ Salary Desired: _____ Are you available to work overtime if necessary? Yes ___ No ___ If you are under 18 years of age, can you provide a work permit? Yes ___ No ___ Date you are available to begin work? _____
 Type of Employment desired: Full Time Part Time Temporary Seasonal

Education

	Name/Location	Last Year Complete	Diploma/Degree	Major or Emphasis
High School		9 10 11 12		If No, GED attained? Yes ___ No ___
College/University		1 2 3 4		
Other				
List any applicable special skills, training or proficiencies.				

Prior Work Experience

	Current or Most Recent	Prior	Prior
Employer			
Address			
City, ST, ZIP			
Telephone			
Name of Immediate Supervisor			
Dates of Employment	From To	From To	From To
Position/Job Title			
Pay			
Reason for Leaving			
May We Contact			

Please list at least two (2) persons NOT related to you who have known you for at least five (5) years.

Personal References

	Reference 1	Reference 2	Reference 3
Name			
Address			
City, ST, ZIP			
Telephone			

APPLICANT'S STATEMENT
(Initial each numbered item as read)

- _____ The information that I have provided on this application is accurate to the best of my knowledge and may be verified by WRAC (Wray Rehabilitative & Activity Center) or its agents.
- _____ I authorize all the schools, persons and organizations named in this application to provide any relevant information in their possession or knowledge to the agents of WRAC (Wray Rehabilitative & Activity Center), for use in deciding whether or not to offer me employment and specifically waive any required written notification. I hereby release WRAC (Wray Rehabilitative & Activity Center), my former employers and all other persons from any and all claims, demands, or liabilities arising out of or in any way related to such inquiry or disclosure.
- _____ **I understand that WRAC (Wray Rehabilitative & Activity Center) is committed to maintaining a drug and alcohol free work place. Accordingly, I will be subject to a pre-employment blood test, urinalysis or other drug/alcohol screening. I further understand that if employed, I may be subject to such a drug and alcohol screening if the WRAC (Wray Rehabilitative & Activity Center) has reasonable suspicion to believe that I am under the influence of a drug or alcohol. My consent to submit to such a test is required as a condition of employment and my refusal to consent may result in a refusal to hire or, if already employed, termination.**
- _____ I understand and agree that any misrepresentation or omission of facts in this application will be justification for refusal or termination of employment, regardless of the time elapsed before discovery.
- _____ I understand and agree that the employment for which I am applying for is at-will and such employment may be terminated at any time with or without cause, without prior notice, by either myself or WRAC (Wray Rehabilitative & Activity Center). There will be no agreement, express or implied between WRAC (Wray Rehabilitative & Activity Center) and me for any specific period of employment, nor for continuing or long term employment, unless made in writing, signed by an authorized representative of WRAC (Wray Rehabilitative & Activity Center)
- _____ I understand that the employer does not unlawfully discriminate in employment and no question on this application is used for the purpose of limiting or excusing any applicant from consideration for employment on a basis prohibited by applicable local, state or federal law.
- _____ I also understand that if I am hired, I will be required to provide proof of identity and legal authority to work in the United States and that federal immigration laws require me to complete and I-9 Form in this regard.

Applicant Name: _____

Applicant Signature: _____ Date: _____