



Application For Employment

WHECO LLC
Corporate Headquarters
2989 Kingsgate Way
Richland, WA 99354
Phone: (509) 371-1703
Fax: (509) 375-4920
Website: www.wheco.com

Please Email Completed Application to: info@wheco.com

WHECO LLC operates under a zero tolerance drug and alcohol policy. Drug testing and physical will be required prior to employment. Applicants are considered for all positions without regard to race, color, religion, sex, national origin, age, marital or veteran status, or the presence of a non-job-related medical condition or handicap.

(PLEASE PRINT)

Date of Application: _____

Position(s) Applied For: _____

Referral Source: ☐ Advertisement ☐ Friend ☐ Relative ☐ Walk-In ☐ Website
☐ Employment Agency ☐ Other _____

Name: _____
Last First Middle

Address: _____
Address City State Zip Code

Telephone: _____ Email: _____
Area Code

If employed and you are under 18, can you furnish a work permit? ☐ Yes ☐ No

Have you filed an application here before? ☐ Yes ☐ No If Yes, give date _____

Have you ever been employed here before? ☐ Yes ☐ No If Yes, give date _____

Are you employed now? ☐ Yes ☐ No May we contact your present employer? ☐ Yes ☐ No

Are you prevented from lawfully becoming employed in this country because of Visa or Immigration Status?

☐ Yes ☐ No (Proof of citizenship or immigration status will be required upon employment.)

On what date would you be available for work? _____

Are you available to work ☐ Full Time ☐ Part-Time ☐ Shift Work ☐ Temporary

Are you on a lay-off and subject to recall? ☐ Yes ☐ No

Can you travel if a job requires it? ☐ Yes ☐ No Can you relocate if a job requires it? ☐ Yes ☐ No

Check here if you have the following:

☐ Passport, Exp. Date _____ If not, are you willing to obtain one? ☐ Yes ☐ No

☐ Enhanced Driver's License, Exp. Date _____ If not, are you willing to obtain one? ☐ Yes ☐ No

Veteran of the U.S. Military service? ☐ Yes ☐ No If Yes, Branch _____

Indicate languages you speak, read, and/or write.

	FLUENT	GOOD	FAIR
SPEAK			
READ			
WRITE			

List professional, trade, business or civic activities and offices held.

(You may exclude those which indicate race, color, religion, sex or national origin): _____

Give name, address and telephone number of three references who are not related to you and are not previous employers.

Special Employment Notice to Disabled Veterans, Vietnam Era Veterans, and Individuals with Physical or Mental Handicaps.

Government contractors are subject to 38 USC 2012 of the Vietnam Era Veterans Readjustment Act of 1974 which requires that they take affirmative action to employ and advance in employment qualified disabled veterans and veterans of the Vietnam Era, and Section 503 of the Rehabilitation Act of 1973, as amended, which requires government contractors to take affirmative action to employ and advance in employment qualified handicapped individuals.

If you are a disabled veteran, or have a physical or mental handicap, you are invited to volunteer this information. The purpose is to provide information regarding proper placement and appropriate accommodation to enable you to perform the job to the best of your ability in a proper and safe manner. This information will be treated as confidential. Failure to provide this information will not jeopardize or adversely affect your consideration for employment.

If you wish to be identified, please sign below.

☐ Handicapped Individual ☐ Disabled Veteran ☐ Vietnam Era Veteran

Signed _____ Date _____

Employment Experience

Start with your present or last job. Include military service assignments and volunteer activities. Exclude organization names which indicate race, color, religion, sex or national origin.

1	Employer	Telephone	Dates Employed		Work Performed
	Address		From	To	
	Job Title				
	Supervisor				
Reason for Leaving					
2	Employer	Telephone	Dates Employed		Work Performed
	Address		From	To	
	Job Title				
	Supervisor				
Reason for Leaving					
3	Employer	Telephone	Dates Employed		Work Performed
	Address		From	To	
	Job Title				
	Supervisor				
Reason for Leaving					
4	Employer	Telephone	Dates Employed		Work Performed
	Address		From	To	
	Job Title				
	Supervisor				
Reason for Leaving					

If you need additional space, please continue on a separate sheet of paper.

Special Skills and Qualifications

Summarize special skills and qualifications acquired from employment or other experience: _____

Education

	Elementary	High School	College/ University	Graduate/ Professional
School Name				
Years Completed: (Circle)	4 5 6 7 8	9 10 11 12	1 2 3 4	1 2 3 4
Diploma/Degree				
Describe Course Of Study:				
Describe Specialized Training, Apprenticeship, Skills, and Extra-Curricular Activities				

Honors Received:

State any additional information you feel may be helpful to us in considering your application.

Applicant's Statement

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

I authorize investigation of all statements contained in this application for employment as may be necessary in arriving at an employment decision. I understand that this application is not and is not 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 result in discharge. I understand, also, that I am required to abide by all rules and regulations of the Company.

Signature of Applicant

Date



WHECO'S ZERO TOLERANCE DRUG FREE WORKPLACE POLICY

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PRE-EMPLOYMENT – JOB APPLICANT TESTING:

I hereby acknowledge that I have been informed of WHECO's Zero Tolerance Drug Free Workplace Policy. I understand that WHECO's policy includes pre-employment drug testing. This policy also includes testing for the following reasons: reasonable suspicion, random testing, post accident or for cause and re-entry monitoring, commercial driver's license application or renewal.

Applicants are tested for alcohol, cannabinoids (marijuana), cocaine, opiates, benzodiazepines, amphetamines, barbiturates, and phencyclidine (PCP). The above drugs are screened through the submission of a urine, blood or hair specimen at our collection site. The specimen is sent to an approved and certified drug testing laboratory following strict chain of custody procedure.

Further, I understand that if I am employed by WHECO, I will be provided with a copy of WHECO's Zero Tolerance Drug Free Workplace Policy and may be required to submit to testing for the presence of alcohol and/or drugs, both legal and illegal, for the post employment reasons stated above.

Submitting to this pre-employment, in no way constitutes a contract for employment between WHECO and me.

NOTICE: **Tampering with testing in any way constitutes a positive test and applicant will not be considered for hire. This may include diluted specimens.**

My signature below indicates that I understand the above information and have been afforded the opportunity to ask questions concerning WHECO's Zero Tolerance Drug Free Workplace Policy.

Signature of Applicant	Printed Name	Date
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Signature of Witness	Printed Name	Date
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Detach from Application

This data is for periodic government reporting and will be kept in a Confidential File separate from the Application for Employment.

Date of Application

Position(s) Applied For _____

Referral Source: ☐ Advertisement ☐ Friend ☐ Relative ☐ Walk-In ☐ Website
☐ Employment Agency ☐ Other _____

Name _____ Phone _____

 Last First Middle

Address	Number	Street	City	State	Zip Code
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☐ Vietnam Era Veteran ☐ Disabled Veteran ☐ Handicapped Individual

For Personnel Department Use Only

Position(s) Applied For Is Open:

☐ Yes ☐ No

Position(s) Considered For: _____

Arrange Interview: ☐ Yes ☐ No

Remarks _____

Employed: ☐ Yes ☐ No Date of Employment _____

Job Title _____ Hourly Rate/
Salary _____ Department _____

By _____

Name and Title

Date

NOTES: