



Application For Employment

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

WHECO Corporation 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

WHECO Corporation
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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

Signature of Witness Printed Name Date

Applicant Data Record

Detach from Application

Applicants are considered for all positions, and employees are treated during employment without regard to race, color, religion, sex, national origin, age, marital or veteran status, medical condition or handicap.

As employers/government contractors, we comply with government regulations and affirmative action responsibilities.

Solely to help us comply with government record keeping, reporting and other legal requirements, please fill out the Applicant Data Record. We appreciate your cooperation.

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

(PLEASE PRINT)

Date of Application _____

Position(s) Applied For _____

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

Name _____ Phone () _____
Last First
Middle
Area Code

Address _____
Number Street City State Zip Code

Affirmative Action Survey

Government agencies require periodic reports on the sex, ethnicity, handicapped and veteran status of applicants. This data is for analysis and affirmative action only. Submission of information is voluntary.

Check One: Male Female

Check one of the following:

Race/Ethnic Group: White Black Hispanic
 American Indian/Alaskan Native Asian/Pacific Islander

Check if any of the following are applicable:

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: