

## EMPLOYMENT APPLICATION

Position Preferred: 1. \_\_\_\_\_ 2. \_\_\_\_\_ Salary Expected: \_\_\_\_\_

NOTE: If any clause(s) contained herein is found to be unenforceable in a particular state, such clause(s) is deemed stricken.

**PERSONAL**

Name: \_\_\_\_\_

Last

Nickname

First

Middle

Social Security Number: \_\_\_\_\_

Current Address: \_\_\_\_\_

Number &amp; Street

City

State/Zip

Home Telephone: ( ) \_\_\_\_\_ Office Telephone: ( ) \_\_\_\_\_

Cell Phone: ( ) \_\_\_\_\_ E-Mail Address: \_\_\_\_\_

**REFERRAL SOURCE**☐ WEC Employee: \_\_\_\_\_ ☐ Relative: \_\_\_\_\_

Name

Name

☐ Advertisement ☐ Friend: \_\_\_\_\_ ☐ Other: \_\_\_\_\_

Name

Name

**EDUCATION**

School &amp; Location

Course

Grade Avg.

Grade Comp.

Degree

High School: \_\_\_\_\_

College: \_\_\_\_\_

Other: \_\_\_\_\_

List extracurricular activities, clubs, and/or other honors:

List other industry study, postgraduate education, seminars, military training, etc. which would be applicable to positions applied for:

Date

**MILITARY SERVICE**

Branch: \_\_\_\_\_ Dates Served (From) \_\_\_\_\_ (To) \_\_\_\_\_

Highest Rank: \_\_\_\_\_ Job: \_\_\_\_\_

## REFERENCES

(Three persons who know you on a business basis)

1. Name: \_\_\_\_\_ Association: \_\_\_\_\_  
Address: \_\_\_\_\_ Telephone: \_\_\_\_\_
2. Name: \_\_\_\_\_ Association: \_\_\_\_\_  
Address: \_\_\_\_\_ Telephone: \_\_\_\_\_
3. Name: \_\_\_\_\_ Association: \_\_\_\_\_  
Address: \_\_\_\_\_ Telephone: \_\_\_\_\_

## OTHER EXPERIENCE, SKILLS, QUALIFICATIONS

List below any other experience, skills, or qualifications, etc. which you feel qualify you for the position(s) you seek:

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Professional Licenses and Certificates:

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## EMPLOYMENT HISTORY

(Continued)

Employer's Name: \_\_\_\_\_

Address: \_\_\_\_\_ Telephone: ( ) \_\_\_\_\_

Employment Dates: (From) \_\_\_\_\_ (To) \_\_\_\_\_ Final Earnings \$ \_\_\_\_\_ per \_\_\_\_\_

Reason(s) for Leaving: \_\_\_\_\_

YOUR JOB: Describe below your exact function in the organization. Also specify significant accomplishments and list noteworthy achievements while in this position.

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Your Title: \_\_\_\_\_

Manager(s): Name: \_\_\_\_\_

Title: \_\_\_\_\_

Name: \_\_\_\_\_

Title: \_\_\_\_\_

Subordinate(s): Name: \_\_\_\_\_

Title: \_\_\_\_\_

Name: \_\_\_\_\_

Title: \_\_\_\_\_

**EMPLOYMENT HISTORY****(Continued)**

Employer's Name: \_\_\_\_\_

Address: \_\_\_\_\_ Telephone: (     ) \_\_\_\_\_

Employment Dates: (From) \_\_\_\_\_ (To) \_\_\_\_\_ Final Earnings \$ \_\_\_\_\_ per \_\_\_\_\_

Reason(s) for Leaving: \_\_\_\_\_

YOUR JOB: Describe below your exact function in the organization. Also specify significant accomplishments and list noteworthy achievements while in this position.

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Your Title: \_\_\_\_\_

Manager(s): Name: \_\_\_\_\_

Title: \_\_\_\_\_

Name: \_\_\_\_\_

Title: \_\_\_\_\_

Subordinate(s): Name: \_\_\_\_\_

Title: \_\_\_\_\_

Name: \_\_\_\_\_

Title: \_\_\_\_\_

**EMPLOYMENT HISTORY****(Begin with current or last employer)**

Employer's Name: \_\_\_\_\_

Address: \_\_\_\_\_ Telephone: (     ) \_\_\_\_\_

Employment Dates: (From) \_\_\_\_\_ (To) \_\_\_\_\_ Final Earnings \$ \_\_\_\_\_ per \_\_\_\_\_

Reason(s) for Leaving: \_\_\_\_\_

YOUR JOB: Describe below your exact function in the organization. Also specify significant accomplishments and list noteworthy achievements while in this position.

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Your Title: \_\_\_\_\_

Manager(s)\*: Name: \_\_\_\_\_

Title: \_\_\_\_\_

Name: \_\_\_\_\_

Title: \_\_\_\_\_

Subordinate(s)\*: Name: \_\_\_\_\_

Title: \_\_\_\_\_

Name: \_\_\_\_\_

Title: \_\_\_\_\_

**\*NOTE: THEY WILL NOT BE CONTACTED WITHOUT YOUR PERMISSION**

## MISCELLANEOUS

1. List your recreational activities/interests: \_\_\_\_\_
2. What is your ultimate career goal? \_\_\_\_\_

**3. If applying for a service / construction position,**

are you able to perform, with or without reasonable accommodation, manual service/construction activities including:

- lifting and carrying objects weighing up to forty (40) pounds? \_\_\_\_\_ No \_\_\_\_\_ Yes
- reaching for, pushing and pulling construction materials and equipment? \_\_\_\_\_ No \_\_\_\_\_ Yes
- climbing ladders and stairs? \_\_\_\_\_ No \_\_\_\_\_ Yes
- traversing rough and uneven surfaces? \_\_\_\_\_ No \_\_\_\_\_ Yes
- standing, balancing, walking, kneeling, crawling, stooping, twisting, and squatting to access construction and equipment areas and to complete construction/service tasks? \_\_\_\_\_ No \_\_\_\_\_ Yes
- responding to audio/visual warnings and alarms? \_\_\_\_\_ No \_\_\_\_\_ Yes

- responding to verbal warnings and instructions? \_\_\_\_\_ No \_\_\_\_\_ Yes

- communicating verbal warnings and instructions? \_\_\_\_\_ No \_\_\_\_\_ Yes

Do you have the means to travel to various construction / service sites? \_\_\_\_\_ No \_\_\_\_\_ Yes

**4. If applying for an administrative/support position,**

are you able to perform, with or without reasonable accommodation, office activities including:

- lifting and carrying objects weighing up to ten (10) pounds? \_\_\_\_\_ No \_\_\_\_\_ Yes
- sitting for extended periods of time up to eight (8) hours? \_\_\_\_\_ No \_\_\_\_\_ Yes
- operating office equipment such as telephones, copy machines, typewriters, and computer keyboards? \_\_\_\_\_ No \_\_\_\_\_ Yes
- accessing filing cabinets? \_\_\_\_\_ No \_\_\_\_\_ Yes

4. Are you willing to travel? Yes No What percent of the time? \_\_\_\_\_ %
5. Are you willing to relocate? Yes No Any geographic limitations? \_\_\_\_\_
- Any preferences?: \_\_\_\_\_

## IMPORTANT

I understand, in completing this application for employment, an investigative report shall be made whereby information is obtained through personal interviews with third parties, such as family members, business associates, financial sources, academicians, friends, neighbors, or others with whom I am acquainted. This investigation will be conducted in accordance with the regulations of the equal Employment Opportunity Commission. I have the right to make a written request within a reasonable period of time for a complete and accurate disclosure of the information concerning the nature and scope of the investigation.

I understand my employment with Whitescarver Engineering, should I be offered employment, will not begin until I have proven that I am authorized to work in the United States. In addition employment is deemed to be at the will of the both the employer and employee and may be terminated by either party.

My signature below indicates that I have read and understand the preceding items and that I have made true and accurate statements of fact to the best of my knowledge on this application and any supplements to it. I further understand that any misrepresentation or falsification will be considered just cause for rejection of this application or dismissal from employment. I understand that I will be required to sign a Confidentiality Agreement relevant to the business operation and activities of my employer.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

*An Equal Opportunity Employer that employs, promotes and in all ways accords persons equal treatment without consideration to race, color, creed, sex, national origin, or disability.*

# WHITESCARVER

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E N G I N E E R I N G   C O

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6363 Peters Creek Road (540) 982-0837  
Roanoke, VA 24019 Fax (540) 982-1432

Class A Lic. # 2701-002968A  
*Serving Area Businesses Since 1937.*

## **PART I APPLICATION ADDENDUM:**

"I hereby agree, as part of my application for employment by Whitescarver Engineering Company, to undergo a complete medical evaluation upon the request of the Company. I further agree, in the event that I pass both the physical and the uricide drug screen and am subsequently hired by the Company and in consideration of my continued employment by Whitescarver Engineering Company, to undergo further medical evaluations upon the request of the company. Any such medical evaluation is to be performed by a physician or medical facility duly appointed by the Company and will be paid for by the Company. I also understand that in the event that I do not pass the physical and drug screen that I will not be considered for employment.

I hereby authorize any physician or medical facility performing a medical evaluation on me, which is requested by Whitescarver Engineering Company, to disclose and release to Whitescarver Engineering Company, the medical records and results of all such medical evaluations and laboratory tests performed."

## **PART II APPLICATION ADDENDUM:**

I hereby agree, as part of my application for employment to allow Whitescarver Engineering to inquire as to my credit standing and history.

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Applicant's Signature

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Date

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Notary Public

REGRETFULLY, APPLICATIONS AND THEIR ATTACHMENTS CANNOT BE RETURNED, AND BECOME THE PROPERTY OF WHITESCARVER ENGINEERING. DUE TO THE VOLUME OF APPLICATIONS RECEIVED, IT IS NOT POSSIBLE TO CONTACT EVERYONE APPLYING, THEREFORE, IF YOU DO NOT HEAR FROM US, FEEL FREE TO CONTACT US TWO WEEKS AFTER YOUR APPLICATION WAS RECEIVED IN ORDER TO DETERMINE YOUR STATUS.

THANK YOU VERY MUCH FOR SUBMITTING YOUR APPLICATION.

WHITESCARVER ENGINEERING COMPANY

### **ATTACHMENT (to Application Addendum)**

The medical evaluation includes a medical history by the physician, a physical examination and specified laboratory tests:

- COMPLETE BLOOD COUNT
- RPR (RAPID PLASMA RESPONSE) AND STS (ANOTHER BLOOD TEST)
- CHEMICAL PROFILE
- URINALYSIS
- TB SCREEN (PPD)
- URINE DRUG SCREEN
- ANY OTHER SPECIALIZED LAB TEST INCLUDING

EKG, special X-rays, blood tests or urinalysis that the physician deems necessary to clear an applicant or employee for employment.

### **URINE DRUG SCREEN:**

#### **Drugs:**

Amphetamines

Barbiturates

Benzodiazepines

Cocaine

Opiates

Marijuana

Phencyclidine

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**CREDIT AND BACKGROUND CHECK AUTHORIZATION**

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Previous Address: \_\_\_\_\_  
(If less than one year at present address)

Drivers License # \_\_\_\_\_ Issuing State: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

I hereby authorize and instruct any person or consumer reporting agency to release any and all information that may be required for the purpose of employment with Whitescarver Engineering Company and/or its assigns. This information is requested for use in connection with a bona fide "permissible purpose" as defined in Section 504 of Public Law 95-509. A photocopy or fax copy of this authorization shall be the equivalent of the original and may be used as such.

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Air Conditioning   •   Heating   •   Refrigeration   •   Laboratory Equipment