

Wolf Corporation Employment Application

APPLICANT INFORMATION			
Last Name	First	M.I.	Date
Street Address		Apartment/Unit #	
City	State	ZIP	
Phone	E-mail Address		
Date Available		Desired Salary	
Position Applied for	Full Time	Part Time	
What shift hours/days are you available for work?	Shift: 1 st 2 nd 3 rd	Days: Mon Tues Wed Thurs Fri Sat Sun	
Have you ever worked for this company?	YES NO	If so, when?	
Do you know or have family/friends whom works with Wolf Corporation? If so, please note name:			
Are you 18 years of age or older? YES NO If no, are you able to provide the state or federal required work certificate? YES NO			
If hired, can you provide evidence of legal eligibility to work in the United States? YES NO			
Note: any offer of employment is condition upon completing the I-9 Form and providing appropriate documents for identity and work authorization			
Have you ever been convicted of a felony? YES NO If yes, explain			

EDUCATION				
High School		Address		
From	To	Did you graduate?	YES NO	Degree
College		Address		
From	To	Did you graduate?	YES NO	Degree
Other		Address		
From	To	Did you graduate?	YES NO	Degree

REFERENCES	
<i>Please list three professional references.</i>	
Full Name	Relationship
Company	Phone ()
Address	
Full Name	Relationship
Company	Phone ()
Address	
Full Name	Relationship
Company	Phone ()
Address	

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PREVIOUS EMPLOYMENT (recent to oldest)			
Company		Phone ()	
Address		Supervisor	
Job Title	Starting Salary	\$	Ending Salary \$
Responsibilities			
From	To	Reason for Leaving	
May we contact your previous supervisor for a reference? YES <input type="checkbox"/> NO <input type="checkbox"/>			
Company		Phone ()	
Address		Supervisor	
Job Title	Starting Salary	\$	Ending Salary \$
Responsibilities			
From	To	Reason for Leaving	
May we contact your previous supervisor for a reference? YES <input type="checkbox"/> NO <input type="checkbox"/>			
Company		Phone ()	
Address		Supervisor	
Job Title	Starting Salary	\$	Ending Salary \$
Responsibilities			
From	To	Reason for Leaving	
May we contact your previous supervisor for a reference? YES <input type="checkbox"/> NO <input type="checkbox"/>			

MILITARY SERVICE	
Branch	From To
Rank at Discharge	Type of Discharge
If other than honorable, explain	

DISCLAIMER AND SIGNATURE	
I certify that my answers are true and complete to the best of my knowledge. I authorize investigation of all statements contained in this application. This includes a criminal background, drug test and/or credit history check as applicable.	
If this application leads to employment, I understand that false, incomplete or misleading information in my application may disqualify me from further consideration for employment and/or interview. In addition, could result in immediate release of employment if discovered at a later.	
Signature	Date

3434 Adams Center Rd. Fort Wayne. IN 46803. PH:260-749-9393.
WWW.WOLFCORP.COM