

# NW WORKS, INC.

3085 Shawnee Drive, Winchester, VA 22601, (540) 667 – 0809 Phone, (540) 722 – 4710 FAX

|  |                      |                        |
|--|----------------------|------------------------|
| Position Applied For:  | Date Of Application: | How Were You Referred? |
| Last Name  | First Name           | Middle Name            |
| Address:                      Street    City | State                | Zip                    |
| Telephone Number(s)  |                      |                        |
| Home:  | Work:                | Cell:                  |

Have you ever been employed by NW Works, Inc. (NWW) before?  Yes  No

If Yes, when, where and in what position? \_\_\_\_\_

Are you currently employed?  Yes  No

If Yes, may we contact your present employer?  Yes  No

If hired, can you offer proof that you are at least 18 years of age?  Yes  No

Are you legally eligible for employment in the United States?  Yes  No

*(Proof of eligibility for employment in the U.S. will be required upon employment.)*

On what date would you be available for work? \_\_\_\_\_

Indicate availability to work:  Full-Time,  Part-Time,  Shift Work,  Temporary.

Shift Preference (if applicable):  1<sup>st</sup>,  2<sup>nd</sup>,  3<sup>rd</sup>,  Any.

To avoid conflicts of interest, please list any relative(s) employed at NWW and indicate their relationship.

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Have you ever been convicted of any crime other than minor traffic violations?  Yes  No

*(A conviction record will not necessarily disqualify you from employment with NWW.)*

Have you ever been dishonorably discharged from the armed services?  Yes  No

*(A dishonorable discharge will not necessarily disqualify you from employment with NWW.)*

Please provide details if the answer to any of the above two questions is "Yes".

*(Do not include information concerning convictions that have been expunged, judicially sealed or statutorily eradicated.)*

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If the position for which you are applying requires the operation of a company vehicle, please provide information on all traffic violations in the space above or attach an additional sheet.

Have you ever been discharged or asked to resign from any previous job?  
 If Yes, by whom, when and why?

[ ] Yes [ ] No

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Education:

|  | Elementary/Jr. High | High School   | College/University | Graduate/Professional |
|--|---------------------|---------------|--------------------|-----------------------|
| School Name and City, State                      |                     |               |                    |                       |
| Years Completed (Circle one)                     | 4 5 6 7 8           | 9 10 11 12    | 1 2 3 4            | 1 2 3 4               |
| Diploma / Degree                                 |                     | Year Received | Year Received      | Year Received         |
| Describe Course of Study                         |                     | GPA:          | GPA:               | GPA:                  |
| Other Specialized Training and/or Special Honors |                     |               |                    |                       |

References:

Please provide the name, address, and telephone number of three references. Do not list relatives.

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_

Please provide any additional information concerning your qualifications that you feel is important. Please identify your skill level and ability to operate any tools, equipment, office machinery or data processing equipment. Please provide any information on licenses (i.e., Commercial Driver's License) or certificates you may hold.

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Employment Experience: (Start with your present or most recent job.)

| Employer             |            | Dates employed     |        | Work Performed |
|----------------------|------------|--------------------|--------|----------------|
|                      |            | From               | To     |                |
| Address              |            |                    |        |                |
| Telephone Number (s) |            | Hourly Rate/Salary |        |                |
|                      |            | Starting           | Finish |                |
| Job Title            | Supervisor |                    |        |                |
| Reason for Leaving   |            |                    |        |                |

| Employer             |            | Dates employed     |        | Work Performed |
|----------------------|------------|--------------------|--------|----------------|
|                      |            | From               | To     |                |
| Address              |            |                    |        |                |
| Telephone Number (s) |            | Hourly Rate/Salary |        |                |
|                      |            | Starting           | Finish |                |
| Job Title            | Supervisor |                    |        |                |
| Reason for Leaving   |            |                    |        |                |

| Employer             |            | Dates employed     |        | Work Performed |
|----------------------|------------|--------------------|--------|----------------|
|                      |            | From               | To     |                |
| Address              |            |                    |        |                |
| Telephone Number (s) |            | Hourly Rate/Salary |        |                |
|                      |            | Starting           | Finish |                |
| Job Title            | Supervisor |                    |        |                |
| Reason for Leaving   |            |                    |        |                |

Please ask the person taking your application for additional sheets and attach as needed. You may exclude questions in regards to race, color, national origin, age, religion, veteran status, sex or disability.

# NW WORKS, INC.

## **Notice to Applicants:**

If you require an accommodation because of a physical or mental disability in order to participate in any phase of the application process, including any pre-employment screening tests, please make that fact known to the individual processing your application or administering the tests.

# NW WORKS, INC.

## **JOB APPLICANT'S AGREEMENT AND CERTIFICATION - PLEASE READ CAREFULLY**

In the event of my employment, I agree that I will abide by all present and subsequently issued rules of the Company, and I agree at the time of my hiring to complete Form I-9 of the Immigration and Naturalization Services as to my identity and employment status. I also agree that if hired I will advise the company if I am presently subject to any income withholding order for child support payments.

I hereby unconditionally authorize NW Works, Inc., its employees and agents, to conduct an unrestricted background investigation of me to such extent as determined by the Company and in its sole discretion. This authorization includes, but is not limited to, any and all information concerning previous employment and educational records, credential verification, and personal and professional reference data. I understand that background investigations may include, as appropriate, criminal background and driving record checks.

I authorize the use of any information in this application to verify my statements, and I authorize past employers, all references, and any other persons to answer all questions asked concerning my ability, character, reputation, and previous employment record. I release all such persons from any liability or damages on account of having furnished such information. The Company may use and distribute a copy of this authorization for any purpose deemed necessary, and a copy shall operate just as effectively as the original. I agree that this authorization is irrevocable.

I certify that the answers given by me to the foregoing questions and statements on this application and on the said Form I-9 are true and correct, and I understand that any misleading or incorrect statements may be cause for denial or termination of employment, and that the company will not be liable in any respect if my employment is so denied or terminated because of false, misleading, or incorrect statements, answers, or omissions made by me.

I understand that if an offer of employment is made, it will be a conditional offer of employment. All conditional offers of employment are conditioned on the satisfactory results of any background investigation including a drug screen, and if appropriate, a placement physical, a DMV records check and criminal background check. I understand further that any misleading, incorrect, or incomplete statements in response to such questions or in the course of a drug test or medical examination may result in denial or termination of employment.

I understand and agree that if hired, my employment will be "at will," for no definite period, and may be terminated at any time for any reason by either the Company or myself. I understand that no agent of the Company has any authority to modify this "at will" status except in an express writing, specific to me, signed by the President of the Board of Directors. I understand that the Company otherwise has the right to modify, amend or terminate policies, practices, benefit plans and other programs within the limits and requirements imposed by law.

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Applicant

## **AN EQUAL OPPORTUNITY EMPLOYER**

NW Works, Inc. does not discriminate on the basis of race, color, national origin, age, religion, veteran status, or sex; and it will comply with all applicable state discrimination laws. No person shall be denied employment solely because of any disability, which is unrelated to the ability to engage in the essential functions involved in the position for which application has been made either with or without reasonable accommodations.

# NW WORKS, INC.

## DATA COLLECTION FOR EQUAL EMPLOYMENT OPPORTUNITY REPORTING SYSTEM

### APPLICANT POPULATION RECORD

It is the responsibility of all employers to maintain records concerning their applicant populations pursuant to Uniform Guidelines on Employee Selection Procedures. Please complete this Applicant Population Record form and return it to the above address. This information is for record keeping purposes only and will not be used, in any way, for making employment decisions. Your cooperation is voluntary.

Date of Application: \_\_\_\_\_

Sex: \_\_\_\_\_ (M/F)

Race: (Please Check One)

\_\_\_\_\_ American Indian or Alaskan Native

\_\_\_\_\_ Hispanic

\_\_\_\_\_ Asian or Pacific Islander

\_\_\_\_\_ Black (not of Hispanic origin)

\_\_\_\_\_ White (not of Hispanic origin)

\_\_\_\_\_ Other (please specify) \_\_\_\_\_

Position which you are applying: \_\_\_\_\_

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