

Wippersnappers, LLC.

Application for Employment

Wippersnappers, LLC (Wippersnappers) is an Equal Opportunity Employer, and does not discriminate on the basis of race, sex, sexual orientation, age, disability, religion, national origin, marital status, veteran status, or any other basis prohibited by law. Please let us know if you need accommodation in order to participate in the application process.

Please print clearly and complete the application EVEN IF YOU ENCLOSE A RESUME. Ask for an explanation of any questions you do not understand.

GENERAL INFORMATION

Name: Last	First	Middle	Today's Date
Present Address	Street	City	State Zip
Permanent Address	Street	City	State Zip
Are you Legal to work in the United States? Yes <input type="checkbox"/> No <input type="checkbox"/>			Cell Phone ()
Email Address:			Home Phone ()
Emergency Contact:		Relationship	Check box if you are under 18: <input type="checkbox"/>
Emergency Contact:		Relationship	Emergency Contact Phone:
Have you ever worked for Wippersnappers before? Yes <input type="checkbox"/> No <input type="checkbox"/> If so, when?			

EDUCATION & SPECIALIZED TRAINING

Because some jobs at Wippersnappers, LLC require certain levels of education and/or specialized training, please indicate the highest level of education completed and date completed.

High School **College** **Graduate**
 8th Grade 12th Grade 1 year 2 years 3 years 4 years 1 year 2 years 3 years 4 years

Date: _____ Degrees/Certifications: _____

List any other experience, skills or other qualifications including hobbies, which you believe should be considered in evaluating your qualifications for employment.

Availability

Date and availability to begin work: Date: _____

Full-time Part-time Weekends

Other: _____

You may be required to work weekends, evenings & school breaks, can you work these times? Yes No **Please explain fully all gaps in your employment history in excess of one month:****EMPLOYMENT HISTORY**

List your three most recent employment history including military service starting with your most recent employer first.

Employer			Your Job Duties:		
City/State		Telephone Number ()	Your Position/Title:		
Dates of Employment	Month/Year From	Month/Year To	Supervisor:		
Reason for leaving			May we contact this employer? Yes <input type="checkbox"/> No <input type="checkbox"/>		

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REFERENCES

References Other Than Relatives	How Do You Know This Person?	Phone Number
1.		()
2.		()

How or who referred you to Wippersnappers? _____

Do you have anyone you would like to refer? Yes No

Name & phone # _____

Please include a few comments about yourself and what motivated you to seek employment at Wippersnappers. Attach additional pages if necessary: _____

PLEASE READ CAREFULLY BEFORE SIGNING

I certify that I have answered truthfully and have not knowingly withheld any information relative to my application. I understand that any misrepresentation or material omission of this application will result in my being eliminated from further consideration. I further understand that, if hired, any misrepresentation or material omission, which become known to Wippersnappers, LLC may result in immediate termination of my employment.

I authorize Wippersnappers, LLC to review my general suitability for employment and ability to perform the job for which I am applying, and I hereby consent to Wippersnappers, LLC obtaining reports from previous employers, schools, Department of Motor Vehicles, personal and other references or parties, but that no attempt will be made to contact my present employer about such matters unless specifically authorized by me. I release my former employers from liability for any damages that may result from furnishing information to Wippersnappers, LLC.

I also authorize and direct any doctor who has examined me or treated me and any hospital where I have been examined or treated to give to Wippersnappers, LLC at any time any information regarding my health condition and treatment rendered, and to allow them or any doctor appointed by them to inspect, review, and make copies of all medical records, including x-rays and laboratory tests, about my condition. Use of information is limited to job related matters. In this connection, I release Wippersnappers, LLC and all doctors, clinics, hospitals, persons, and companies from liability for any damages that may result from furnishing information to Wippersnappers, LLC.

An offer of employment by Wippersnappers, LLC is contingent upon my satisfactorily completing the Company's pre-employment testing.

All requests for accommodation of any disabilities should be made to Wippersnappers, LLC.

I understand that, if selected, I will be required to provide proof of my legal right to work in the United States within three working days of my date of hire by Wippersnappers, LLC.

If I am employed by Wippersnappers, LLC, I authorize them during or after my employment to supply my employment record, in whole or in part, to any prospective employer, government agency, or other party with a legitimate interest and I release Wippersnappers, LLC from any liability in responding to such inquiries or request.

WIPPERSNAPPERS, LLC IS AN AT-WILL EMPLOYER AS ALLOWED BY APPLICABLE STATE LAW. THIS MEANS THAT REGARDLESS OF ANY PROVISION IN THIS APPLICATION, IF HIRED, THE COMPANY OR I MAY TERMINATE THE EMPLOYMENT RELATIONSHIP AT ANY TIME, FOR ANY REASON, WITH OR WITHOUT CAUSE OR NOTICE. NOTHING IN THIS APPLICATION OR IN ANY DOCUMENT OR STATEMENT, WRITTEN OR ORAL, SHALL LIMIT THE RIGHT TO TERMINATE EMPLOYMENT AT-WILL. NO OFFICER, EMPLOYEE OR REPRESENTATIVE OF THE COMPANY IS AUTHORIZED TO ENTER INTO AN AGREEMENT- EXPRESS OR IMPLIED- WITH ME OR ANY APPLICANT FOR EMPLOYMENT FOR A SPECIFIED PERIOD OF TIME UNLESS SUCH AN AGREEMENT IS IN A WRITTEN CONTRACT SIGNED BY THE PRESIDENT OF THE COMPANY.

I understand this application is not an offer of employment and no promises or representations of employment have been made to me at this time.

I have read, understand, and agree with the above.

Signature of Applicant

Date of Signature