



800 West 23rd, PO Box 60 ☐ Yankton, SD 57078-0060
 ☐ Phone: 605-665-3258 ☐ Fax: 605-665-9384
 ☐ E-mail: welfl@welfl.com



APPLICANT INFORMATION

Last Name		First		M.I.		Date		
Street Address						Apartment/Unit #		
City				State			ZIP	
Phone				E-mail Address				
Date Available			Social Security No.	Upon Hire	Date of Birth			
Position Applied for								
Are you a citizen of the United States?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	If no, are you authorized to work in the U.S.?	YES <input type="checkbox"/>	NO <input type="checkbox"/>			
Have you ever worked for this company?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	If so, when?					
Have you ever been convicted of a felony?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	If yes, explain					
Do you know anyone that works for WCC	YES <input type="checkbox"/>	NO <input type="checkbox"/>	If yes, explain					

EDUCATION

High School				Address				
From		To		Did you graduate?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	Degree	
College				Address				
From		To		Did you graduate?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	Degree	
Other				Address				
From		To		Did you graduate?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	Degree	

REFERENCES

Please list two personal references

Full Name				Relationship			
				Phone	()		
Address							
Full Name				Relationship			
				Phone	()		
Address							

PREVIOUS EMPLOYMENT

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

DO YOU OWN A MOTOR VEHICLE LICENSE YES NO

I understand that all job classifications require me to be able to climb and use a ladder safely, be able to lift a minimum of 100#'s safely and be able to safely use all hand tools necessary for construction. I (am) (am not) able to perform those job duties. If I am unable to perform those duties, what changes, if any, could be made to allow me to perform this job?

DISCLAIMER AND SIGNATURE

I certify that my answers are true and complete to the best of my knowledge.
 If this application leads to employment, I understand that false or misleading information in my application or interview may result in my release.

Signature				Date	
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