



Application for Employment

WAXIE SANITARY SUPPLY IS AN EQUAL OPPORTUNITY EMPLOYER

In compliance with federal and state Equal Employment Opportunity laws, qualified applicants are considered for all positions without regard to race, color, religion, sex, national origin, ancestry, age, marital status, pregnancy, veteran's status, sexual orientation, gender identity, disability, or any other characteristic protected by applicable law.

PLEASE PRINT

Date _____

Name: _____
Last First Middle

Address: _____
Street City State Zip

Phone No: () _____ Message Phone: () _____ Social Security No: _____

Position(s) Applied For: _____ Full Time Part Time Temporary

Salary Requirement \$ _____ per _____

Referral Source: Internet/Ad Employee Relative Agency Other _____

Referred By: _____

Have you ever applied at any WAXIE location? Yes No If yes, please specify location: _____

Have you ever worked at WAXIE before? Yes No If yes, please specify location & dates of employment:

Relatives Employed by WAXIE: _____ Location: _____

If hired, can you submit verification of your legal right to work in the United States? Yes No

Are you 18 years of age or older? Yes No If under 18, do you have a work permit? Yes No

If hired, when could you start work? _____

EDUCATION

School City/State	Circle Years Completed	Describe Major Course of Study	Describe Any Specialized Training	Graduated?	Degree/Certificate
High School	9 10 11 12			Yes No	
College/University	1 2 3 4			Yes No	
Professional/Technical	1 2 3 4			Yes No	

Scholarships or special honors relevant to position sought: _____

Special training, certifications, experience, or civic activity relevant to position sought: _____

MILITARY

Were you in the U.S. Armed Forces? Yes No

If yes, which branch: _____

Special Training/Service Duties: _____

LANGUAGE

List any language(s), other than English, that you speak and understand: _____

SKILLS

Typing, WPM: _____ 10-key adding machine: _____ MS Word _____ Excel _____ PowerPoint _____ Access _____

Other software/computer programs: _____

Other skills: _____

DRIVING INFORMATION – for driving jobs only

Do you have a valid driver's license? Yes No Class of License: _____

Endorsements: _____

Driver's License No: _____ State: _____ Expiration Date: _____

EMPLOYMENT RECORD

List the most recent position first. This section must be completed.

Employer: _____	Telephone No: (____) _____
Address: _____ Street City State Zip	Dates Employed: From _____ To _____ Mo/Yr Mo/Yr
Position Held: _____ Supervisor: _____	Salary Beginning: _____ End: _____
Description of Job Duties: _____ _____	Reason for Leaving: _____ _____

Employer: _____	Telephone No: (____) _____
Address: _____ Street City State Zip	Dates Employed: From _____ To _____ Mo/Yr Mo/Yr
Position Held: _____ Supervisor: _____	Salary Beginning: _____ End: _____
Description of Job Duties: _____ _____	Reason for Leaving: _____ _____

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Description of Job Duties: _____ _____	Reason for Leaving: _____ _____

May we contact your previous employer(s) for a reference? Yes No



**JOB APPLICANT AFFIRMATIVE ACTION AND
EQUAL OPPORTUNITY VOLUNTARY DATA SHEET**

We invite you to indicate your gender and race/ethnicity below. This information will be kept separately from your application and will be used only in accordance with federal and state regulations, including the Affirmative Action and Equal Opportunity reporting requirements of the Office of Federal Contract Compliance Programs. PROVIDING THIS INFORMATION IS VOLUNTARY. YOUR APPLICATION FOR EMPLOYMENT WILL BE CONSIDERED IN THE SAME MANNER WHETHER OR NOT YOU FILL OUT THIS FORM, AND THIS INFORMATION WILL NOT BE USED TO DISCRIMINATE AGAINST YOU OR ANY OTHER APPLICANT.

_____ I prefer not to answer any of these questions

Name: _____ Date: _____

Position Applied for: _____

Female _____ Male _____

ETHNIC BACKGROUND (Please check one category only using the Definitions set forth below)

_____ **American Indian or Alaskan Native** – A person having origins in any of the original peoples of North America and South America (including Central America), and who maintains tribal affiliation or Community attachment.

_____ **Asian** – A person having origins in any of the original peoples of the Far East, Southeast Asia, or the Indian subcontinent including, for example, Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, Philippine Islands, Thailand, and Vietnam.

_____ **Black or African American** – A person having origins in any of the Black racial groups of Africa.

_____ **Hispanic or Latino (White race only)** – A person of Mexican, Puerto Rican, Cuban, Central or South American, or other Spanish Culture or origin, and of the White race.

_____ **Hispanic or Latino (All other races)** – A person of Mexican, Puerto Rican, Central or South American, or other Spanish Culture or origin, and of any race other than White.

_____ **Native Hawaiian or Other Pacific Islander** – A person having origins in any of the original peoples of Hawaii, Guam, Samoa, or other Pacific Islands.

_____ **White:** A person having origins in any of the original peoples of Europe, North Africa, or the Middle East.

_____ **Other (Please specify):**

PLEASE CHECK ALL THAT APPLY

_____ **Veteran of the Vietnam – Era:** (1) served on active duty for a period of more than 180 days, and was discharged or released therefrom with other than a dishonorable discharge, if any part of such active duty occurred: (I) in the Republic of Vietnam between February 28, 1961, and May 7, 1975; or (II) between August 5, 1964 and May 7, 1975 in all other areas.

_____ **Other Veteran:** Other veteran is specified as a veteran who served on active duty during a war or in a campaign or expedition for which a campaign badge has been authorized.

_____ **Special Disabled Veteran:** (1) a veteran who is entitled to compensation (or who but for the receipt of military retired pay would be entitled to compensation) under laws administered by the Department of Veterans Affairs for a disability (1) rated at 30 percent of more, or (ii) rated at 10 or 20 percent if it has been determined that the individual has a serious employment disability; or (2) a veteran who was discharged or released from active duty because of a service-connected disability.

_____ **Newly Separated Veteran:** served on active duty in the United States military, ground, naval or air service, and were discharged or released from active duty less than one year before today's date.