

# Employment Application

## The Wellington Group, Inc.

("the Company") is an equal opportunity employer. All qualified applicants will be considered without regard to age, race, color, sex, religion, nation origin, marital status, ancestry, citizenship, veteran status, sexual orientation or preference, or physical or mental disability.

PERSONAL			
Last Name	First	Middle	Social Security #
Other Name(s) Used:		Home Telephone #	
Email address:		( )	
Address		Business or Cell #	
( )			
Position Applied For	Referred By	Salary Desired	
Have you ever interviewed with the Company or its affiliates before? <input type="checkbox"/> Yes <input type="checkbox"/> No		If yes, list date(s), job title(s) & location(s)	
Have you ever been employed by the Company or its affiliates before? <input type="checkbox"/> Yes <input type="checkbox"/> No		If yes, list date(s), job title(s) & location(s)	
Do you have any relatives employed by the Company or its affiliates? <input type="checkbox"/> Yes <input type="checkbox"/> No		If yes, list date(s), job title(s) & location(s)	
Are you at least 18 years old? <input type="checkbox"/> Yes <input type="checkbox"/> No		If under 18, do you have a work permit? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Are you a citizen of the United States? <input type="checkbox"/> Yes <input type="checkbox"/> No		If no, are you authorized to work in the United States? <input type="checkbox"/> Yes <input type="checkbox"/> No	

### Education

Circle Highest Grade Completed:

High School	9	10	11	12
College, Trade or Business	1	2	3	4
Graduate Studies	_____			

School	Address	Major / Studies	Degree, Diploma, License or Certificate
High School			
College/University			
Vocational, Business, Other			
List Any Professional Designations			
Other Special Knowledge, Skills or Qualifications			

*For Clerical Applicants Only:*

Do you type? <input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, WPM:
Computer Skills (Hardware/Software)	

**EMPLOYMENT HISTORY**

List all employments for the past 5 years, starting with the most recent position. All information **must** be completed. You may attach a resume, but not in place of completing the required information.

Employed From / /	Employer Name	Supervisor Name	Starting Salary
Employed Until / /	Employer Address	Supervisor Phone #	Ending Salary
Job Title		Reason for Leaving	
Duties & Responsibilities			

Employed From / /	Employer Name	Supervisor Name	Starting Salary
Employed Until / /	Employer Address	Supervisor Phone #	Ending Salary
Job Title		Reason for Leaving	
Duties & Responsibilities			

Employed From / /	Employer Name	Supervisor Name	Starting Salary
Employed Until / /	Employer Address	Supervisor Phone #	Ending Salary
Job Title		Reason for Leaving	
Duties & Responsibilities			

May we contact your current/previous employer for references?  Yes  No

**REFERENCES**

Please list three professional references.

1. Full Name	Relationship
Company	Phone #
Company Address	

2. Full Name	Relationship
Company	Phone #
Company Address	

3. Full Name	Relationship
Company	Phone #
Company Address	

**GENERAL**

- Yes  No      If hired, will you be able to work overtime?
- Yes  No      Will you be able to perform the essential job functions for the position you are applying for with or without reasonable accommodation?
- Yes  No      Have you ever been convicted of a crime, excluding misdemeanors and summary offenses, which has not been annulled, expunged or sealed by court? (A yes response does not automatically disqualify your application.)
- Yes  No      Have you ever been convicted of a felony?

**CERTIFICATION & AUTHORIZATION**

The above information is true and correct. I understand that, in the event of my employment by the Company, I will be subject to dismissal if any information that I have given in this application is false or misleading or if I have failed to give any information herein requested, regardless of the time elapsed after discovery.

If employed, I will be required to provide original documents, which verify my identity and right to work in the United States under the Immigration Reform and Control Act (IRCA) of 1986. The document(s) provided will be used for completion of Form I-9.

I hereby acknowledge that I have read and agree to the above statement. My signature below authorizes release of credit and employment verification.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date