

**WENTCO, INC.
APPLICATION FOR EMPLOYMENT
PRE-EMPLOYMENT QUESTIONNAIRE**

READ AND COMPLETE THE ENTIRE APPLICATION, AND SIGN WHERE INDICATED.

PERSONAL INFORMATION

LAST NAME	FIRST NAME	M	PHONE NUMBER	SOCIAL SECURITY #	
CURRENT ADDRESS			CITY	STATE	ZIPCODE
ARE YOU 18 YEARS OR OLDER? YES / NO		DRIVERS LICENSE NUMBER		STATE	EXPIRES

DESIRED EMPLOYMENT

POSITION	DATE YOU CAN START	SALARY DESIRED
ARE YOU EMPLOYED NOW? YES / NO MAY WE CONTACT EMPLOYER? YES / NO		
HAVE YOU BEEN EMPLOYED BY WENTCO IN PAST? YES / NO		WHEN?
IS ABOVE IS YES: SUPERVISOR:		REASON LEFT:

GENERAL

BELOW GIVE THE NAMES OF THREE PERSONS YOU ARE NOT RELATED TO, WHOM YOU HAVE KNOWN AT LEAST ONE YEAR.

NAME	ADDRESS/PHONE	BUSINESS	YEARS KNOWN

HAVE YOU BEEN CONVICTED OF A FELONY WITHIN THE LAST FIVE YEARS? _____
IF YES, EXPLAIN: _____

EMPLOYER USE ONLY - INTERVIEWERS COMMENTS

INTERVIEWED BY:	HIRED: YES / NO	START DATE:
POSITION HIRED FOR:		PAY RATE:
COMMENTS: _____ _____		

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EDUCATION

SCHOOL LEVEL	NAME/LOCATIONS OF SCHOOLS	SUBJECTS STUDIED	#YRS.	GRADUATED?
GRAMMER SCHOOL				
HIGH SCHOOL				
COLLEGE UNIVERSITY				
TRADE BUSINESS SCHOOLS				

SPECIAL SKILLS/TRAINING:

FORMER EMPLOYERS (LIST LAST THREE EMPLOYERS, STARTING WITH MOST RECENT.)

CURRENT EMPLOYER:			PHONE:	
ADDRESS:		CITY:	STATE:	ZIP:
DATE START:	DATE LEFT:	POSITION:		
START PAY:	FINAL PAY:	MAY WE CONTACT: YES / NO		
NAME OF SUPERVISOR:		TITLE:		
DESCRIPTION OF WORK:				
REASON FOR LEAVING:				

NAME OF EMPLOYER:			PHONE:	
ADDRESS:		CITY:	STATE:	ZIP:
DATE START:	DATE LEFT:	POSITION:		
START PAY:	FINAL PAY:	MAY WE CONTACT: YES / NO		
NAME OF SUPERVISOR:		TITLE:		
DESCRIPTION OF WORK:				
REASON FOR LEAVING:				

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FORMER EMPLOYERS (CONTINUED)

NAME OF EMPLOYER:		PHONE:	
ADDRESS:	CITY:	STATE:	ZIP:
DATE START:	DATE LEFT:	POSITION:	
START PAY:	FINAL PAY:	MAY WE CONTACT: YES / NO	
NAME OF SUPERVISOR:		TITLE:	
DESCRIPTION OF WORK:			
REASON FOR LEAVING:			

EMERGENCY INFORMATION

NAME OF PERSON TO NOTIFY IN EMERGENCY:		
RELATIONSHIP:	DAYTIME TELEPHONE:	EXT.
IF TELEPHONE NUMBER IS BUSINESS, COMPANY NAME:		

NOTICE TO APPLICANTS

WE COMPLY WITH THE AMERICANS WITH DISABILITIES ACT OF 1990. DURING THE INTERVIEW PROCESS, YOU MAY BE ASKED QUESTIONS CONCERNING YOUR ABILITY TO PERFORM JOB-RELATED FUNCTIONS. IF YOU ARE GIVEN A CONDITIONAL OFFER OF EMPLOYMENT, YOU MAY BE REQUIRED TO COMPLETE A POST-JOB OFFER MEDICAL QUESTIONNAIRE AND/OR UNDERGO A MEDICAL EXAMINATION. IF REQUIRED, ALL NEW EMPLOYEES IN THE SAME JOB CATEGORY WILL BE SUBJECT TO THE SAME MEDICAL QUESTIONNAIRE AND/OR UNDERGO A MEDICAL EXAMINATION, AND ALL INFORMATION WILL BE KEPT CONFIDENTIAL IN SEPARATE FILES.

WE ARE AN EQUAL OPPORTUNITY EMPLOYER. WE ADHERE TO A POLICY OF MAKING EMPLOYMENT DECISIONS WITHOUT REGARD TO RACE, COLOR, SEX, RELIGION, NATIONAL ORIGIN, HANDICAP, OR MARITAL STATUS. WE ASSURE YOU THAT YOUR OPPORTUNITY FOR EMPLOYMENT WITH THIS EMPLOYER DEPENDS SOLELY UPON YOUR QUALIFICATIONS.

APPLICANT SIGNATURE: _____ DATE: _____

WENTCO, INC.

APPLICATION FOR EMPLOYMENT

PLEASE READ THE STATEMENT BELOW, INITIAL, DATE & SIGN WHERE INDICATED.

I understand that, in accordance with Florida Statute 443.131(3)(a)(2), if hired, I will be placed on a 90-day probationary period. I further understand that if I am terminated for unsatisfactory job performance within the 90-day probationary period, the employer may seek to contest any unemployment benefits I might attempt to obtain as a result of my termination. _____(initials)

I understand and agree that all policies, procedures, and the employee handbook may be modified, amended, or deleted by the company with or without notice to me of such amendment, modification or deletion; that the policies and procedures are not intended to be a contract of employment, nor do they give me the right of continued employment; and that my employment may be terminated at my option or at the option of the employer with or without notice of either party. I also understand that there are no other arrangements, agreements, or understandings regarding the terms of employment. There may be no amendments or exceptions to this statement, unless they are in writing and signed by the president. _____(initials)

I understand that I may be required to undertake blood and/or urinalysis screening for drugs or alcohol use as part of our pre-employment process. In addition, all employees are subject to blood and/or urinalysis screening for drug use. _____(initials)

I certify that all information given on this employment application; any resume that I submit to the company; and any related papers and answers given during oral interviews are true and correct. I understand that the employer will make a thorough investigation of my work and personal history. I authorize the transmittal of any such information requested by the company during the course of such an investigation. I understand that falsification of information given by others during the course of an investigation or any derogatory information discovered as a result of this investigation may subject me to immediate dismissal. I hereby release from liability all persons who provide information to my employer during the course of any such investigation. _____(initials)

I understand that I am responsible for my transportation to and from the jobsite I am assigned. _____(initials)

DATE: _____ SIGNATURE: _____

EMPLOYMENT ELIGIBILITY VERIFICATION (Form I-9)

1 EMPLOYEE INFORMATION AND VERIFICATION: (To be completed and signed by employee.)

Name: (Print or Type) Last	First	Middle	Birth Name
Address: Street Name and Number	City	State	ZIP Code
Date of Birth (Month/Day/Year)		Social Security Number	

I attest, under penalty of perjury, that I am (check a box):

- 1. A citizen or national of the United States.
- 2. An alien lawfully admitted for permanent residence (Alien Number A _____).
- 3. An alien authorized by the Immigration and Naturalization Service to work in the United States (Alien Number A _____, or Admission Number _____, expiration of employment authorization, if any _____).

I attest, under penalty of perjury, the documents that I have presented as evidence of identity and employment eligibility are genuine and relate to me. I am aware that federal law provides for imprisonment and/or fine for any false statements or use of false documents in connection with this certificate.

Signature	Date (Month/Day/Year)
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PREPARER/TRANSLATOR CERTIFICATION (To be completed if prepared by person other than the employee). I attest, under penalty of perjury, that the above was prepared by me at the request of the named individual and is based on all information of which I have any knowledge.

Signature	Name (Print or Type)
Address (Street Name and Number)	City State Zip Code

2 EMPLOYER REVIEW AND VERIFICATION: (To be completed and signed by employer.)

Instructions:

Examine one document from List A and check the appropriate box, **OR** examine one document from List B **and** one from List C and check the appropriate boxes. Provide the **Document Identification Number** and **Expiration Date** for the document checked.

List A Documents that Establish Identity and Employment Eligibility	List B Documents that Establish Identity	List C Documents that Establish Employment Eligibility
<input type="checkbox"/> 1. United States Passport <input type="checkbox"/> 2. Certificate of United States Citizenship <input type="checkbox"/> 3. Certificate of Naturalization <input type="checkbox"/> 4. Unexpired foreign passport with attached Employment Authorization <input type="checkbox"/> 5. Alien Registration Card with photograph <i>Document Identification</i> # _____ <i>Expiration Date (if any)</i> _____	and	<input type="checkbox"/> 1. Original Social Security Number Card (other than a card stating it is not valid for employment) <input type="checkbox"/> 2. A birth certificate issued by State, county, or municipal authority bearing a seal or other certification <input type="checkbox"/> 3. Unexpired INS Employment Authorization Specify form # _____ <i>Document Identification</i> # _____ <i>Expiration Date (if any)</i> _____

CERTIFICATION: I attest, under penalty of perjury, that I have examined the documents presented by the above individual, that they appear to be genuine and to relate to the individual named, and that the individual, to the best of my knowledge, is eligible to work in the United States.

Signature	Name (Print or Type)	Title
Employer Name	Address	Date
WENTCO, INC.	3861 EDWARDS STREET FORT MYERS, FLORIDA 33916	