



WEST CENTRAL INDUSTRIES, INC. APPLICATION FOR EMPLOYMENT

PO Box 813
1300 SW 22nd Street
Willmar, MN 56201
Phone: 320-235-5310
Fax: 320-235-5376

PO Box 55
102 Main Street S, Suite 204
Hutchinson, MN 55350
Phone: 320-234-7515

If you require assistance to complete this application, please call 320-235-5310.

WCI is an EQUAL OPPORTUNITY/AFFIRMATIVE ACTION EMPLOYER. Qualified applicants are considered for all positions without regard to race, color, creed, religion, sex, sexual orientation, national origin, age, marital status, disability, status with regard to public assistance, status as a Vietnam era or special disabled Veteran, or military status. All employment is at will, with no specific term nor contract of employment in place.

Name: _____ Phone: _____ Cell: _____
Last First MI

Address: _____
Street City State Zip

Email: _____

Who referred you? _____ Position Desired: _____

Desired Wage: \$ _____ per _____ Available Start Date: _____

EDUCATION

EDUCATION	Name & City/State of Institution	# Years Attended	Major	Degrees
High School				
College				
College				
Other Training Institution				

PROFESSIONAL LICENSES/CERTIFICATIONS

License/Certificate Name	Issuing Agency	Date Acquired	Expiration Date	License/Certification #

EMPLOYMENT HISTORY Please list your previous 15 years of work experience with the most recent first. If you need additional space, please attach a separate page.

Present or last Employer:	Dates		Job Duties
	From	To	
Address:			
Phone #:			
Job Title:			
Supervisor:			
Reason for Leaving:			
May we contact this Employer:			

Employer:	Dates		Job Duties
	From	To	
Address:			
Phone #:			
Job Title:			
Supervisor:			
Reason for Leaving:			
May we contact this Employer:			

Employer:	Dates		Job Duties
	From	To	
Address:			
Phone #:			
Job Title:			
Supervisor:			
Reason for Leaving:			
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Employer:	Dates		Job Duties
	From	To	
Address:			
Phone #:			
Job Title:			
Supervisor:			
Reason for Leaving:			
May we contact this Employer:			

OTHER UNPAID RELEVANT EXPERIENCE OR SPECIAL EXPERIENCE

(Describe in as much detail as possible):

PERSONAL REFERENCES *(List below three persons not related to you):*

Name	Address	Phone	Occupation	Years Acquainted

EMPLOYMENT REFERENCES *(Should be persons who supervised you in previous employment):*

Name	Address	Phone	Occupation	Years Acquainted

AGREEMENT

I authorize and consent to "Personal", "Employment" reference checks, and employer contacts reference checks as indicated under "Employment History" to determine my ability to do the job for which I am an applicant. I am qualified to do the job that I have applied for. My signature releases WCI, and present or former employers, from all claims and liabilities stemming from the release of such information.

We are a designated non-smoking facility & properties. All applicants will abide by those restrictions if hired.

I certify that answers given herein are true and complete to the best of my knowledge.

I authorize investigation of all statements contained in this application for employment as may be necessary in arriving at an employment decision.

In the event of employment, I understand that false or misleading information given in my application or interview(s) may result in discharge. I understand, also, that I am required to abide by all rules and regulations of the company.

Date: _____ Signature: _____



An Equal Opportunity, Affirmative Action Employer

APPLICANT SURVEY FORM

Last name

First name

Middle Initial(s)

Date

Position(s) for which you are applying

Please read carefully:

(Voluntary Disclosure): As an affirmative action employer, we must monitor our equal employment opportunity and affirmative action program, and report the results to government agencies. If you choose not to provide some or all of this information, you will not be subject to any negative or adverse treatment. The information you provide is completely voluntary and will only be used to monitor our compliance with equal opportunity laws and regulations. * When we receive this form, we will immediately place it in a confidential file separate from your application. If you wish, you may mail this form to us separately.

Race / Ethnicity – Select one or more

- American Indian or Alaska Native:** A person having origins in any of the original peoples of North 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, the 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:** A person of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin, regardless of race.
- 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, the Middle East, or North Africa.
- Do not wish to answer.**

Disability – Are you a person with a disability?

- Yes
- No
- Do not wish to answer.

Sex – Select one

- Female
- Male
- Non-Binary/Transgender/Gender Non-Conforming
- Do not wish to answer