

APPLICATION FOR EMPLOYMENT



Improvement Professionals
Residential & Commercial

The Wilson Group, Inc. considers applicants for all positions without regard to race, color, religion, national origin, marital or veteran status, the presence of a non-job-related medical condition or handicap, or any other legally protected status.

Date of Application: _____ Social Security # _____ - _____ - _____

Name: _____
Last First Middle Initial

Address: _____
Number/Street City State Zipcode

Home Telephone: () _____ Cell Telephone: () _____

Position Applied For: _____

Date Available to Start: _____ Full-time: Part Time:

Do you have a current valid Drivers License? Yes No

Name on License: _____ DL# _____ State _____

Last year of school completed: _____ High School _____ College: _____

List Special Skills, licenses, or certificates that may be job specific or that you feel would be of value.

Do you have tools available to perform the job you are applying for? Yes No

Do you have any limitation that would limit you in the job you are applying for? Yes No

Explain: _____

Primary Emergency Contact: _____

		Name			Relationship
Address	City	State	Zip Code	Phone	

Upon Hire: This Application must be accompanied by an I-9, signed State W-4, signed Federal W-4 and copies of your Drivers License and Social Security Card.

Employment Experience:

Start with your present or last job. Include military assignments and volunteer activities. You may exclude organization names which indicate race, color, religion, gender, national origin, handicap or other protected status.

1	Employer	Telephone	Dates Employed
	Address	Hourly Rate/Salary	Job Title
	Work Performed	Supervisor	Reason for leaving
2	Employer	Telephone	Dates Employed
	Address	Hourly Rate/Salary	Job Title
	Work Performed	Supervisor	Reason for leaving
3	Employer	Telephone	Dates Employed
	Address	Hourly Rate/Salary	Job Title
	Work Performed	Supervisor	Reason for leaving
4	Employer	Telephone	Dates Employed
	Address	Hourly Rate/Salary	Job Title
	Work Performed	Supervisor	Reason for leaving

Applicants Signature

List Permanent address for future mailings:

I certify that answers given herein are true and completed to the best of my knowledge. In the event of employment, I understand that false or misleading information given in my application or interview may result in discharge. I understand, also, that I am required to abide by all rules and regulations of the employer.