



## Winters Performance Products, Inc. Application for Employment

Winters Performance is an equal opportunity employer. Employment decisions, including all hiring decisions, are made without regard to race, color, religion, sex, national origin, ancestry, age, pregnancy, disability, genetic information, veteran status, or any other trait protected by applicable federal, state, or local laws.

Please complete the entire application fully and truthfully. Any falsifications or omissions may be grounds for denial or termination of employment. If a question is not applicable to you, you should answer N/A. An incomplete application will not be accepted.

### RESUME WELCOME BUT APPLICATION MUST BE COMPLETED

#### PERSONAL INFORMATION

Position Applying for: \_\_\_\_\_ Desired Pay: \_\_\_\_\_

Today's Date (month/day/year): \_\_\_\_\_ Date You Can Start: \_\_\_\_\_

First Name: \_\_\_\_\_ Middle: \_\_\_\_\_ Last: \_\_\_\_\_

Street Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Previous Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Telephone Number: \_\_\_\_\_ E-Mail: \_\_\_\_\_

Are you 18 years of age or older?  Yes  No | Drivers License #: \_\_\_\_\_

#### EMPLOYMENT ELIGIBILITY

Are you legally eligible for employment in the United States?  Yes  No

If not a U.S. citizen, state current Visa or Immigration Status: \_\_\_\_\_

Are you employed now?  Yes  No | May we contact your present employer?  Yes  No

Are you dependable?  Yes  No

Work availability:  Full Time  Part Time | Overtime:  Yes  No

Limitations/Restrictions: \_\_\_\_\_

Can you perform the essential functions of a job at Winters Performance with or without reasonable accommodations?

Yes  No If "No," Explain why: \_\_\_\_\_

Have you been convicted of a misdemeanor or felony that remains on your record?  Yes  No

If "Yes," For what? \_\_\_\_\_

Where? \_\_\_\_\_ When? \_\_\_\_\_

Are you a Military Veteran?  Yes  No | Branch of service: \_\_\_\_\_ Entry Date: \_\_\_\_\_

Discharge Date: \_\_\_\_\_ Rank@Discharge: \_\_\_\_\_ Type of Discharge: \_\_\_\_\_

# HISTORY

## EDUCATION *(Years completed, circle one)*

Elementary: 4 5 6 7 8 | High School: 9 10 11 12 Diploma: Yes No | University/College: 1 2 3 4 Diploma: Yes No

High School attended: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Year: \_\_\_\_\_

College/Other School: \_\_\_\_\_ Major Courses of Study: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Year: \_\_\_\_\_ Accredited - Diploma / Degree: Yes No

Describe any additional training, apprenticeship(s), skills, or activities that may benefit the job applied for:

\_\_\_\_\_

## PREVIOUS EMPLOYMENT *(Resume welcome, but this section must also be filled out. Start with your present or last job.)*

Employer: \_\_\_\_\_ Telephone: \_\_\_\_\_

Address: \_\_\_\_\_ Job Title: \_\_\_\_\_

Name of Supervisor/Title: \_\_\_\_\_ May We Contact: Yes No

Dates Employed - From: \_\_\_\_\_ To: \_\_\_\_\_ Hourly Rate/Salary Starting: \_\_\_\_\_ Final: \_\_\_\_\_

Title and Description of Duties: \_\_\_\_\_

Reason for leaving: \_\_\_\_\_

Employer: \_\_\_\_\_ Telephone: \_\_\_\_\_

Address: \_\_\_\_\_ Job Title: \_\_\_\_\_

Name of Supervisor/Title: \_\_\_\_\_ May We Contact: Yes No

Dates Employed - From: \_\_\_\_\_ To: \_\_\_\_\_ Hourly Rate/Salary Starting: \_\_\_\_\_ Final: \_\_\_\_\_

Title and Description of Duties: \_\_\_\_\_

Reason for leaving: \_\_\_\_\_

Employer: \_\_\_\_\_ Telephone: \_\_\_\_\_

Address: \_\_\_\_\_ Job Title: \_\_\_\_\_

Name of Supervisor/Title: \_\_\_\_\_ May We Contact: Yes No

Dates Employed - From: \_\_\_\_\_ To: \_\_\_\_\_ Hourly Rate/Salary Starting: \_\_\_\_\_ Final: \_\_\_\_\_

Title and Description of Duties: \_\_\_\_\_

Reason for leaving: \_\_\_\_\_

## SPECIAL SKILLS AND QUALIFICATIONS

\_\_\_\_\_

\_\_\_\_\_

## HISTORY (CONTINUED)

### REFERENCES (Please list three references, not relatives.)

Name: \_\_\_\_\_ Company & Position: \_\_\_\_\_

Phone #: \_\_\_\_\_ How do you know the person: \_\_\_\_\_ Years Known \_\_\_\_\_

Name: \_\_\_\_\_ Company & Position: \_\_\_\_\_

Phone #: \_\_\_\_\_ How do you know the person: \_\_\_\_\_ Years Known \_\_\_\_\_

Name: \_\_\_\_\_ Company & Position: \_\_\_\_\_

Phone #: \_\_\_\_\_ How do you know the person: \_\_\_\_\_ Years Known \_\_\_\_\_

Have you ever applied or worked for Winters Performance?  Yes  No

If yes, what were the dates: \_\_\_\_\_ Final Position: \_\_\_\_\_

Reason left: \_\_\_\_\_

Do you have any relatives currently employed by Winters Performance:  Yes  No

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Position: \_\_\_\_\_

Have you ever been dismissed or forced to resign from any employment:  Yes  No

If yes, which employer and why: \_\_\_\_\_

State any additional information you feel may be helpful to us in considering your application:

### REFERRAL SOURCE

Walk-in Applicant |  Employee Referral (Name) \_\_\_\_\_

### APPLICANT'S AUTHORIZATION AND CERTIFICATION. PLEASE READ CAREFULLY AND SIGN YOUR NAME BELOW.

I acknowledge and understand that falsification or misrepresentation of the information requested on this application or with respect to any other information provided in the hiring process will be sufficient cause for the denial or termination of employment, regardless of when such fact may be discovered.

I understand that, if offered a position, the offer may be contingent upon my satisfactorily completing pre-employment screening procedures, which may include a physical, drug testing, skills testing and a background screen.

In submitting this application for employment, I authorize Winters Performance to inquire into my educational background, past employment history, and personal character, and I understand that my current and / or former employers and the references listed above may be contacted to provide information concerning my suitability for employment. I expressly authorize Winters to conduct such inquiries, and release Winters and any responding parties from any and all liability associated with such inquiries.

I understand that in the event that I am hired, I will be hired as an at-will employee, and my employment may be terminated at any time, with or without cause, at the option of either the Company or myself. I understand that no representative of the Company except the Owners or President has any authority to enter into any legally binding employment agreement.

By my signature below, I certify that I have read this employment application, including all information that I have provided on the application, and the entire statement set forth immediately above. I further certify that all of the information that I have provided on this employment application is true and correct.

Signature of Applicant: \_\_\_\_\_ Date: \_\_\_\_\_