



WM Uniform

Employment Application

WM Uniform is an Equal Opportunity Employer

407 W 17th Street, Holland, MI 49423 -- Phone: 800-878-8770 -- Email: HR@wmuniform.com -- www.wmuniform.com

Name: _____

Address: _____

Phone: _____

Email: _____

Have you ever been employed at WM Uniform? Yes No

If yes, list department and dates of employment: _____

Type of employment desired: Full-Time Part-Time Temporary

Position for which you are applying: _____

Date Available: _____ Pay Rate Desired: _____

Qualifications - List education and certifications relevant to the position for which you are applying

School/Program	Degree/Certification	Relevant Skills Obtained

Provide any additional skills/information you would like us to consider

Are you legally eligible to be employed in the United States? Yes No

If you are under the age of 18, are you able to furnish a work permit? Yes No

Are you able to perform the duties of the job for which you are applying? Yes No

How did you hear about this position?

Advertisement

Referred by employee (please print current employee name): _____

Other (please explain): _____

Please turn over to complete Employment History and provide signature.

**Employment History - List prior 3 employers starting with current/most recent employer
(Including US Armed Forces)**

Current/Most Recent Employer

Company Name:		Address:	
Job Title:		Department:	Supervisor's Name:
Dates Employed: From: To:		Shift: <input type="checkbox"/> First <input type="checkbox"/> Second <input type="checkbox"/> Third	
Responsibilities:			
Reason for Leaving:			

Second Employer

Company Name:		Address:	
Job Title:		Department:	Supervisor's Name:
Dates Employed: From: To:		Shift: <input type="checkbox"/> First <input type="checkbox"/> Second <input type="checkbox"/> Third	
Responsibilities:			
Reason for Leaving:			

Third Employer

Company Name:		Address:	
Job Title:		Department:	Supervisor's Name:
Dates Employed: From: To:		Shift: <input type="checkbox"/> First <input type="checkbox"/> Second <input type="checkbox"/> Third	
Responsibilities:			
Reason for Leaving:			

The facts set forth above in my application for employment are true and complete. I understand that if employed, false statements or omission of information on this application, a resume, or other applicant information provided may be considered sufficient reason for dismissal. I understand that consumer reports which may contain public record information may be requested from the reporting agency. These reports may include information as to my character, work habits, performance, and experiences, along with reasons for termination of past employment from previous employers. Further, I understand that West Michigan Uniform may be requesting information from various federal, state, and other agencies which maintain records concerning my past activities relating to my driving, credit, criminal, civil, and other experiences. I understand that I have the right to make a written request within a reasonable period of time to receive additional detailed information about the nature and scope of this investigative consumer report.

I authorize the use of any information in this application to verify my statements, and I authorize the past employers, all references, and any other persons to answer all questions asked concerning my ability, character, reputation, and previous employment record. I release all such persons from any liability or damages on account of having furnished such information.

I understand that the submission of this application does not mean that job openings exist and does not obligate WM Uniform in any way. I further understand that employment at this organization is on an "at will" basis, and includes no guarantee, contract, or promise of employment for any specific length of time.

Signature of Applicant: _____ Date: _____