



APPLICATION FOR EMPLOYMENT

520 South Main St. • Suite 2441 • Akron, OH 44311
 hr@weaverindustries.org • 330.379.3660, ext 267

Date: _____ Social Security No: _____ - _____ - _____

Name: _____
Last First Middle Maiden

Present address: _____
Number Street City State Zip

How long at present address: _____ Telephone number: _____

Previous address: _____
Number Street City State Zip

If under 18, please list age: _____ Email address: _____

Position applied for: _____ Salary desired: _____

Employment desired: FULL-TIME ONLY PART-TIME ONLY FULL OR PART-TIME

When available to begin work? _____ What shifts can you work? _____

Days/hours available to work: _____

Do you have a Driver's License? Yes No

Driver's License No. (optional): _____ State: _____ Exp. date: _____

Education				
TYPE OF SCHOOL	NAME OF SCHOOL	LOCATION (Complete mailing address)	GRADUATED	VERIFICATION
High School			<input type="checkbox"/> Yes <input type="checkbox"/> No	Copy of: <input type="checkbox"/> HS Diploma <input type="checkbox"/> GED <input type="checkbox"/> Transcript
College			<input type="checkbox"/> Yes <input type="checkbox"/> No	Copy of: <input type="checkbox"/> Degree MAJOR: _____
Business / Trade School				

Military Service

Have you ever been a member of the Armed Forces?: Yes No Branch: _____

Date entered: _____ Date discharged: _____ Discharge type: _____

Are you now a member of the National Guard? Yes No

General Information

Have you ever been convicted of a crime? Yes No

If yes, explain conviction(s), nature of offense(s) leading to conviction(s), how recently offense(s) was/were committed, sentence(s) imposed and type(s) of rehabilitation.

Are you a United States citizen, permanent resident or foreign national with authorization to work in the United States? Yes No

Have you ever been employed by Weaver Industries in the past? Yes No If yes, when? _____

Work Experience

Please list your work experience for the **past seven years** beginning with your most recent position. If you were self-employed, give firm name and provide the remaining information as applicable.

Are you currently employed? Yes No

May we contact your current employer? Yes No

Position #1 (Current / Most Recent)			
Name of employer	Name of last supervisor	Employment dates	Pay / Salary
Address			
City, State, Zip Code		From	Start
		To	Final
Phone Number:	Your last job title		
Reason for leaving (be specific)			
List the jobs you held, duties performed, skills used or learned, advancements or promotions while you worked at this company.			
Position #2			
Name of employer	Name of last supervisor	Employment dates	Pay / Salary
Address			
City, State, Zip Code		From	Start
		To	Final
Phone Number:	Your last job title		
Reason for leaving (be specific)			
List the jobs you held, duties performed, skills used or learned, advancements or promotions while you worked at this company.			
Position #3			
Name of employer	Name of last supervisor	Employment dates	Pay / Salary
Address			
City, State, Zip Code		From	Start
		To	Final
Phone Number:	Your last job title		
Reason for leaving (be specific)			
List the jobs you held, duties performed, skills used or learned, advancements or promotions while you worked at this company.			
Additional positions? Attach additional sheets if necessary.			

References

Please list two references other than relatives or previous employers.

Name: _____

Name: _____

Position: _____

Position: _____

Company: _____

Company: _____

Address: _____

Address: _____

Telephone: (_____) _____

Telephone: (_____) _____

Additional Information:

Use the space below to summarize any additional information necessary to describe your full qualifications for the specific position for which you are applying.

APPLICATION FORM WAIVER

(Please Read Carefully)

In exchange for the consideration of my job application by WEAVER INDUSTRIES (hereinafter called "the Company"), I agree that:

- Neither the acceptance of this application nor the subsequent entry into any type of employment relationship, either in the position applied for or any other position, and regardless of the contents of employee handbooks, personnel manuals, benefit plans, policy statements, and the like as they may exist from time to time, or other Company practices, shall serve to create an actual or implied contract of employment, or to confer any right to remain an employee of WEAVER INDUSTRIES or otherwise to change in any respect the employment-at-will relationship between it and the undersigned, and that relationship cannot be altered except by a written instrument signed by the Executive Director or responsible officer. Both the undersigned and WEAVER INDUSTRIES may end the employment relationship at any time, without specified notice or reason. If employed, I understand that the Company may unilaterally change or revise their benefits, policies and procedures and such changes may include reduction in benefits.
- I authorize investigation of all statements contained in this application. I understand that the misrepresentation or omission of facts requested is cause for dismissal at any time without any previous notice. I hereby give the Company permission to contact schools, previous employers (unless otherwise indicated), references, and others, and hereby release the Company from any liability as a result of such contact.
- I also understand that (1) the Company has a drug and alcohol policy that provides for pre-employment testing as well as testing after employment; (2) consent to and compliance with such policy is a condition of my employment; and (3) continued employment is based on the successful passing of testing under such policy. I further understand that continued employment may be based on the successful passing of job-related physical examinations.
- I further understand that my employment with the Company shall be probationary for a period of sixty (60) days, and further that at any time during the probationary period or thereafter, my employment relation with the Company is terminable at will for any reason by either party.

Signature of applicant _____

Date: _____

Did you complete this application yourself? Yes No

If not, who did? _____

Weaver Industries, Inc. is an **Equal Employment Opportunity** employer. We adhere to a policy of making employment decisions without regard to race, color, religion, sex, sexual orientation, national origin, citizenship, age or disability. We assure you that your opportunity for employment with Weaver Industries, Inc. depends solely on your qualifications.

Thank you for completing this application form and for your interest in Weaver Industries.



Voluntary Self-Identification of Disability

Why are you being asked to complete this form?

Because we do business with the government, we must reach out to, hire, and provide equal opportunity to qualified people with disabilities.ⁱ To help us measure how well we are doing, we are asking you to tell us if you have a disability or if you ever had a disability. Completing this form is voluntary, but we hope that you will choose to fill it out. If you are applying for a job, any answer you give will be kept private and will not be used against you in any way.

If you already work for us, your answer will not be used against you in any way. Because a person may become disabled at any time, we are required to ask all of our employees to update their information every five years. You may voluntarily self-identify as having a disability on this form without fear of any punishment because you did not identify as having a disability earlier.

How do I know if I have a disability?

You are considered to have a disability if you have a physical or mental impairment or medical condition that substantially limits a major life activity, or if you have a history or record of such an impairment or medical condition.

Disabilities include, but are not limited to:

- ♦ Autism
- ♦ Bipolar Disorder
- ♦ Blindness
- ♦ Cerebral Palsy
- ♦ Deafness
- ♦ Diabetes
- ♦ Epilepsy
- ♦ HIV/AIDS
- ♦ Impairments requiring the use of a wheelchair
- ♦ Intellectual Disability (previously called "mental retardation")
- ♦ Major Depression
- ♦ Missing limbs or partially missing limbs
- ♦ Multiple Sclerosis (MS)
- ♦ Muscular Dystrophy
- ♦ Obsessive Compulsive Disorder
- ♦ Post-Traumatic Stress Disorder (PTSD)
- ♦ Schizophrenia

Please check one of the boxes below:

- YES, I HAVE A DISABILITY (or previously had a disability)
- NO, I DON'T HAVE A DISABILITY
- I DON'T WISH TO ANSWER

Your Name

Today's Date

Reasonable Accommodation Notice

Federal law requires employers to provide reasonable accommodation to qualified individuals with disabilities. Please tell us if you require a reasonable accommodation to apply for a job or to perform your job. Examples of reasonable accommodation include making a change to the application process or work procedures, providing documents in an alternate format, using a sign language interpreter, or using specialized equipment.

ⁱ Section 503 of the Rehabilitation Act of 1973, as amended. For more information about this form or the equal employment obligations of Federal contractors, visit the U.S. Department of Labor's Office of Federal Contract Compliance Programs (OFCCP) website at www.dol.gov/ofccp.

PUBLIC BURDEN STATEMENT: According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless such collection displays a valid OMB control number. This survey should take about 5 minutes to complete.



Voluntary Self-Identification Form

Weaver Industries is subject to Executive Order 11246, as amended, which requires Federal contractors to ensure that applicants are employed and that employees are treated during employment without regard to their race, color, religion, sex, or national origin. We are therefore **voluntarily** requesting information about the race and gender of our applicants in order to comply with government reporting requirements and in order to ensure equal employment opportunity.

Applicant Name: _____ Date: _____

Position Applied for: _____

Please choose one:	<input type="checkbox"/> MALE	<input type="checkbox"/> FEMALE	<input type="checkbox"/> I CHOOSE NOT TO SELF-IDENTIFY
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- | | |
|---|---|
| <input type="checkbox"/> WHITE (not Hispanic or Latino) | <input type="checkbox"/> AMERICAN INDIAN/ALASKA NATIVE (not Hispanic or Latino) |
| <input type="checkbox"/> BLACK or AFRICAN AMERICAN (not Hispanic or Latino) | <input type="checkbox"/> NATIVE HAWAIIAN or PACIFIC ISLANDER (not Hispanic or Latino) |
| <input type="checkbox"/> HISPANIC OR LATINO | <input type="checkbox"/> TWO or MORE RACES (not Hispanic or Latino) |
| <input type="checkbox"/> ASIAN (not Hispanic or Latino) | <input type="checkbox"/> I CHOOSE NOT TO SELF-IDENTIFY |

Weaver Industries is also subject to the Vietnam Era Veterans' Readjustment Assistance Act of 1974, as amended by the Jobs for Veterans Act of 2002, [38 U.S.C. 4212](#) (VEVRAA), which requires Government contractors to take affirmative action to employ and advance in employment veterans in the following classifications:

- A “disabled veteran” is one of the following:
 - A veteran of the U.S. military, ground, naval or air service who is entitled to compensation (or who but for the receipt of military retired pay would be entitled to compensation) under laws administered by the Secretary of Veterans Affairs; or
 - A person who was discharged or released from active duty because of a service-connected disability.
- A “recently separated veteran” means any veteran during the three-year period beginning on the date of such veteran's discharge or release from active duty in the U.S. military, ground, naval, or air service.
- An “active duty wartime or campaign badge veteran” means a veteran who served on active duty in the U.S. military, ground, naval or air service during a war, or in a campaign or expedition for which a campaign badge has been authorized under the laws administered by the Department of Defense.
- An “Armed Forces Service Medal Veteran” means a veteran who, while serving on active duty in the U.S. military, ground, naval or air service, participated in a United States military operation for which an Armed Forces service medal was awarded pursuant to [Executive Order 12985](#).

If you believe you belong to any of the categories of protected veterans listed above, please indicate by checking the appropriate box below. As a Government contractor subject to VEVRAA, we request this information in order to measure the effectiveness of the outreach and positive recruitment efforts we undertake pursuant to VEVRAA.

- I IDENTIFY AS ONE OR MORE OF THE CLASSIFICATIONS OF PROTECTED VETERAN LISTED ABOVE
- I AM NOT A PROTECTED VETERAN