EMPLOYMENT APPLICATION BRISTOL STATION

WESTERN ALTERNATIVE CORRECTIONS, INC.

The Company is an Equal Opportunity Employer and provides fair treatment to all employees and job applicants in the areas of personnel and employment practices. Equal employment opportunities are offered to all persons without regard to race, color, religion, age, marital or veterans' status, sex national origin, citizenship, disability, or any other legally protected status.

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GENERAL INFORMATION			
Social Security Number	Telephone Number		
Last Name	First Name	MI	
Street Address	City/State	Zip Code	
POSITION INFORMATION			
Position Applying For:	Date Available:	11	
Are you age 21? yes no	Can you work overtime hours?	□ no	
Salary/Rate of pay desired:	- 100-100-1 0		
What type of work are you available for?	Full-time Part-time Seasonal	☐ Temporary	
Can you perform the essential functions of the position you are applying for, with or without a reasonable accommodation? upper the essential functions of the position you are applying for, with or without a reasonable accommodation? upper the essential functions of the position you are applying for, with or without a reasonable accommodation? upper the essential functions of the position you are applying for, with or without a reasonable accommodation? upper the essential functions of the position you are applying for, with or without a reasonable accommodation?			
Are you a U.S. Citizen or can you show proof of employment eligibility, if hired?			
Have you been convicted of a felony violation?	☐ yes ☐ no		
If yes, explain:			
EDUCATION			
High School:	City/State:		
Circle highest year completed:	9 10 11 12		
College:	City/State:		
Number of years completed:	Degree:		

Employer:	Employer Address:	
Employer Phone:	Supervisor's Name:	
Dates of Employment: From:	То:	
Position Title:	Salary/Rate of Pay:	
Describe Your Duties:		
Reason for Leaving:		
Employer:	Employer Address:	
Employer Phone:	Supervisor's Name:	
Dates of Employment: From:	To:	
Position Title:	Salary/Rate of Pay:	
Describe Your Duties:		
Reason for Leaving:		
Employer:	Employer Address:	
Employer Phone:	Supervisor's Name:	
Dates of Employment: From:	То:	
Position Title:	Salary/Rate of Pay:	
Describe Your Dutles:		
Reason for Leaving:		
May we contact the employers listed above? ☐ yes ☐ no	If no, why?	
If my application and/or if employed, termination of employment. It is named all questions that may be asked regarding my employment of such information. Understand that, if employed, my employment is for no fixed term.	rect. I understand that any false or misleading statements may result in rejection hereby authorize each and every former employer, person, firm or corporation to loyment. I release said parties from all liability for any damages resulting from I reserve the right to voluntarily terminate my employment at any time without understand that no employee, officer, or agent of the Company may bind it to handbooks, benefit booklets, or other forms of communication.	
gnature	Date	