



Corporate Headquarters

950 South Rock Blvd. • Sparks, NV 89431
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www.wns1.com

APPLICATION FOR EMPLOYMENT

All applicants will be considered for employment without regard to race, religion, color, sex, national origin, age, marital or veteran status, medical condition or handicap, or any other status protected by law. We are an Equal Opportunity Employer.

PERSONAL

Date: _____

Soc. Sec. # _____

Name: _____
Last First Middle

Home Phone: () _____

Street Address: _____

Business Phone: () _____

City, State, Zip: _____

Position(s) applied for _____

Who referred you to our company?
[] Advertisement [] Private Employment Agency [] Friend [] Relative
[] Gov't. Employment Agency [] No one [] Other

Are you over 18 years of age? [] Yes [] No If NO, a work permit will be required.

To the best of your knowledge, are you legally eligible to work in the United States? [] Yes [] No
(Should you be hired, you will be required by law to provide documents verifying your employment eligibility).

Date you are available to start work: ____/____/____ Salary or Wages desired: \$ _____ [] Hr. [] Wk.

What type of employment are you applying for? [] Full Time [] Part Time [] Night [] Shift [] Temporary
If you are applying for Part Time, Shift or Temporary employment, please specify days and hours you are available:

[] Mon.: ____ [] AM to ____ [] AM [] Tues.: ____ [] AM to ____ [] AM [] Wed.: ____ [] AM to ____ [] AM
[] PM [] PM [] PM [] PM [] PM [] PM [] Thurs.: ____ [] AM to ____ [] AM [] Fri.: ____ [] AM to ____ [] AM [] Sat.: ____ [] AM to ____ [] AM
[] PM [] PM [] PM [] PM [] PM [] PM [] Sun.: ____ [] AM to ____ [] AM
NOTE: Every consideration will be given to work availability information provided by an applicant; however, there is no guarantee the Company can offer employment that accommodates applicants availability to work.

Have you ever applied for work here before? [] Yes [] No If YES, enter date here: ____/____/____

Were you ever employed by us before? [] Yes [] No If YES, enter date here: ____/____/____

If you are applying for Full Time employment, can you work overtime if necessary? [] Yes [] No

Are you employed at the present time? [] Yes [] No If YES, can we contact your present employer? [] Yes [] No

Do you have any relatives now employed by this Company? [] Yes [] No If YES, please list name(s) and department:

Have you ever been bonded in prior employment? [] Yes [] No. If YES, list name(s) of employer(s): _____

Have you ever been convicted of a crime (excluding only minor traffic offenses)? Note that Driving Under the Influence of alcohol or drugs is not considered a "minor" traffic offense. [] Yes [] No. If YES, list convictions: (a conviction does not necessarily disqualify an applicant for the position being applied for).

EDUCATION

HIGH SCHOOL

Name _____

Location _____

Number of years completed _____ Did you graduate? Yes No

What was your course study? Academic Business Trade or Technical Other _____

COLLEGE

Name _____

Location _____

Number of years completed _____ Did you graduate? Yes No G.P.A. _____

What was your major? _____ Degree: _____

Did you enroll in a post-graduate course of education? Yes No If "Yes," what was your post-graduate field of study?

_____ Degree: _____

COLLEGE

Name _____

Location _____

Number of years completed _____ Did you graduate? Yes No G.P.A. _____

What was your major? _____ Degree: _____

Did you enroll in a post-graduate course of education? Yes No If "Yes," what was your post-graduate field of study?

_____ Degree: _____

Trade, Business or Correspondence School

Name _____

Location _____

Number of years completed _____ Did you graduate? Yes No

What was your course of training or study? _____

SPECIAL QUALIFICATIONS OR SKILLS

Use this space to describe any special qualifications or skills you have acquired through special training, prior employment or general experience: _____

FOREIGN LANGUAGES

Indicate foreign language(s) you are familiar with:

Language: _____ Fluent Good Fair Speak Read Write

Language: _____ Fluent Good Fair Speak Read Write

MEMBERSHIPS

List Business, Trade, Professional, Community or Activities Memberships and any offices you may have held (exclude any organizations the name and character of which would reveal race, religion, national origin or any other protected status): _____

PRIOR EMPLOYMENT (Start with most recent employer)

Employer:	Phone: ()	From:	To:
Address:	City, State, Zip:	Position:	
Duties:		Supervisor's Name:	
		Starting Salary/Wages:	
Reason for leaving:		Final Salary/Wages:	
Employer:	Phone: ()	From:	To:
Address:	City, State, Zip:	Position:	
Duties:		Supervisor's Name:	
		Starting Salary/Wages:	
Reason for leaving:		Final Salary/Wages:	
Employer:	Phone: ()	From:	To:
Address:	City, State, Zip:	Position:	
Duties:		Supervisor's Name:	
		Starting Salary/Wages:	
Reason for leaving:		Final Salary/Wages:	
Employer:	Phone: ()	From:	To:
Address:	City, State, Zip:	Position:	
Duties:		Supervisor's Name:	
		Starting Salary/Wages:	
Reason for leaving:		Final Salary/Wages:	

MILITARY SERVICE

Were you a member of the U.S. Armed Forces? Yes No Branch _____

Describe briefly your military duties: _____

Years served: _____ Rank of discharge: _____

PERSONAL REFERENCES

List three personal references (exclude relatives or former employers)

NAME	ADDRESS	TELEPHONE
_____	_____	_____
_____	_____	_____
_____	_____	_____

APPLICANT'S STATEMENT

The information provided by me in this application for employment is true and complete to the best of my knowledge. I understand that omissions, misrepresentations, or any false statement contained herein will result in rejection of my application, or if I am hired, will result in termination of my employment.

The Company has my permission and consent to contact directly or employ the services of investigative agencies to obtain all necessary information from the references I have listed, or any other sources, concerning my prior employment, personal history or credit standing and I release the Company and all other parties from any possible damages resulting from disclosing such information with or without prior written notice to me. I reserve the right to know the names and addresses of any investigative agencies used in order that I may learn the information contained in any reports furnished to the Company.

I understand that if I am hired by the Company, I will have no contract of continued employment and I understand that as with all other employees of the Company, my employment will be "at-will." This means that I may resign such employment at any time with or without prior notice.

This application will be considered valid for a period of 60 days. After 60 days it will be necessary for me to submit a new application.

Signature of Applicant

Date

DO NOT WRITE BELOW THIS LINE

SUMMARY OF INTERVIEW

Accepted for employment: Yes No Position: _____

Starting Rate \$ _____ per Hour Week Scheduled to start work: _____/_____/_____

Interviewed by: _____ Date: _____/_____/_____

Approved by: _____ Date: _____/_____/_____

Voluntary Disclosure Record

Our policy is to provide equal employment opportunity to all applicants for employment and employees without regard to race, color, religion, sex, national origin, marital or veteran status, medical condition or handicap, or any other legally protected status. In order that our company comply with United States Government Affirmative Action Programs, we are required to collect certain personal information from our applicants and employees. **Completion of this form is entirely voluntary.** If you choose to provide the information requested below, you are assured that it will be kept confidential and separate from your application form. This information is not a requirement for employment and will not be a factor regarding the decision to hire.

Please Print

Name: _____

Sex: Male Female

Race/Ethnicity: American Indian or Alaskan Native
 Asian
 Black or African-American
 Hispanic or Latino
 White
 Native Hawaiian or Pacific Islander
 Two or more races

Government contractors must take affirmative action to employ and advance certain qualified individuals subject to the Rehabilitation Act of 1973 and the Vietnam Era Veterans Readjustment Act of 1974. **Completion of the following information is voluntary**, and will assist us in proper placement and reasonable accommodation. If you wish to be identified as qualifying for such placement or accommodation, please check where applicable:

Vietnam Era Veteran
 Disabled Veteran
 Individual with a Disability

To be completed by employer:

EEO-1 Category: 1a. Executive/Senior Level Officials and Managers 6. Craft Workers
 1b. First/Mid Senior Level Officials and Managers 7. Operatives - Semi Skilled
 2. Professionals 8. Laborers and Helpers
 3. Technicians 9. Service Workers
 4. Sales
 5. Administrative Support Workers

Employer information completed by:

Name:

Date: