

EQUAL OPPORTUNITY EMPLOYER. It is our policy to abide by all Federal and State laws prohibiting employment discrimination solely on the basis of a person's race, color, creed, national origin, religion, age (over 40), sex, marital status, or physical or mental disability, except where a reasonable, bona fide occupational qualification exists.

PLEASE TYPE OR PRINT IN INK Today's Date _____

Name _____ Address _____
 How Long? _____

City _____ State/Zip _____

Day Phone () _____ Home Phone () _____

Position for which you are applying _____

Check the following options you would consider _____ Full Time _____ Part Time _____ Temporary

If part time, specify hours or days _____

What is your minimum salary requirement? _____ Date available for work _____

Do you have any commitments to another employer that might affect your employment with us? _____

Are you able to perform the essential functions of the job for which you are applying, with or without a reasonable accommodation?
 ___ Yes ___ No

EDUCATION AND TRAINING

	School Name	City and State	Degree/ Major Course of Study	Degree Received?
High School				<input type="checkbox"/> Yes <input type="checkbox"/> No
College				<input type="checkbox"/> Yes <input type="checkbox"/> No
Graduate School				<input type="checkbox"/> Yes <input type="checkbox"/> No
Trade School				<input type="checkbox"/> Yes <input type="checkbox"/> No

List any other education, training, special skills or certificates/licenses that you possess related to the job _____

List any machines, equipment, or software programs on which you are qualified and experienced in operating _____

List any languages that you fluently speak. _____ Read/write _____

Do you have a valid driver's license in this state? _____ Yes _____ No

Military experience? _____ Yes _____ No If yes, what branch? _____ Rank at Separation _____

GENERAL INFORMATION

Can you, after employment, submit verification of your legal right to work permanently in the U.S.? ___ Yes ___ No

Are you 16 years old or over? ___ Yes ___ No If under 18, state age _____

GENERAL INFORMATION (Continued)

Were you previously employed by a Walker Company? Yes No If yes, dates _____

List any relatives working for a Walker company? _____

EMPLOYMENT HISTORY

List all work experience beginning with the present or most recent job (use back of application, if necessary).

NAME OF EMPLOYER	TYPE OF BUSINESS		
ADDRESS	CITY	STATE	ZIP
DATES EMPLOYED (FROM-TO)	TITLE ()		
NAME AND TITLE OF SUPERVISOR	TELEPHONE NUMBER		
MAY WE CONTACT? <input type="checkbox"/> YES <input type="checkbox"/> NO	WAS EMPLOYMENT?	<input type="checkbox"/> P/T	<input type="checkbox"/> F/T
BRIEF DESCRIPTION OF DUTIES			
REASON FOR LEAVING			

NAME OF EMPLOYER	TYPE OF BUSINESS		
ADDRESS	CITY	STATE	ZIP
DATES EMPLOYED (FROM-TO)	TITLE ()		
NAME AND TITLE OF SUPERVISOR	TELEPHONE NUMBER		
MAY WE CONTACT? <input type="checkbox"/> YES <input type="checkbox"/> NO	WAS EMPLOYMENT?	<input type="checkbox"/> P/T	<input type="checkbox"/> F/T
BRIEF DESCRIPTION OF DUTIES			
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MAY WE CONTACT? <input type="checkbox"/> YES <input type="checkbox"/> NO	WAS EMPLOYMENT?	<input type="checkbox"/> P/T	<input type="checkbox"/> F/T
BRIEF DESCRIPTION OF DUTIES			
REASON FOR LEAVING			

EMPLOYMENT HISTORY (Continued)

NAME OF EMPLOYER	TYPE OF BUSINESS		
ADDRESS	CITY	STATE	ZIP
DATES EMPLOYED (FROM-TO)	TITLE		
	()		
NAME AND TITLE OF SUPERVISOR	TELEPHONE NUMBER		
MAY WE CONTACT? ____ YES ____ NO	WAS EMPLOYMENT? ____ P/T ____ F/T		
BRIEF DESCRIPTION OF DUTIES			
REASON FOR LEAVING			

BUSINESS REFERENCES (List three individuals, in addition to listed employment references, known to you for at least three years.)

NAME	OCCUPATION/ASSOCIATION	PHONE
1. _____	_____	() _____
2. _____	_____	() _____
3. _____	_____	() _____

Person to be notified in case of emergency:
Name _____ Telephone _____
Address _____
Relationship _____

Please include any other information you think would be helpful to us in considering you for employment, such as additional work experience, articles/books published, activities, honors received, etc. (You may omit all information that would indicate age, sex, sexual orientation, race, religion, color, national origin, or disability.)

Agreement (Please read the following statement carefully.)

I hereby affirm that the information provided on this application (and accompanying resume, if any) is true and complete to the best of my knowledge. I also agree that falsified information or significant omissions may disqualify me from further consideration for employment and may be considered justification for dismissal at a later date.

I authorize all persons listed above (and on the accompanying resume, if any) to give Walker any and all information concerning my previous employment and education and any pertinent information they may have, personal or otherwise, and release all parties, such persons and the Company, from liability for any damage that may result from furnishing same to the Company.

I understand that Walker will provide workers' compensation insurance coverage for its employees. In the event of an injury in the workplace, I agree that my sole remedy lies in coverage under the Company's workers' compensation insurance policy.

If employed by Walker, I agree to abide by the policies and procedures of the Company which includes the Company's Anti-Harassment Policy. I further understand that my employment can be terminated, with or without cause or notice, at any time, at the discretion of the Company or myself. I further understand that no manager or representative of the Company other than the President of Walker has any authority to enter into any agreement, oral or written, on behalf of the Company for a term of employment or to make any assurance or promise of continued employment.

I understand and agree that I may be required to take a drug and alcohol screening test. I hereby give my voluntary consent for a blood, urine, saliva and/or hair sample to be collected from me and submitted for testing. I also consent to the release of the test result to the Company for its use. I understand that any positive drug or alcohol result may preclude my employment.

Signature _____ **Date** _____