



LAST NAME

FIRST, M.I.

SOCIAL SECURITY NUMBER

POSITION(S) APPLYING FOR: _____

DATE: _____

APPLICATION FOR EMPLOYMENT

IN ORDER THAT YOUR APPLICATION MAY BE PROPERLY EVALUATED IT IS ESSENTIAL THAT ALL OF THE FOLLOWING QUESTIONS BE ANSWERED CAREFULLY AND COMPLETELY. WSB AND ASSOCIATES COMPLIES WITH APPLICABLE LAWS WHICH ASSURE YOUR CONSIDERATION FOR POSITIONS FOR WHICH YOU MAY QUALIFY WITHOUT REGARD TO RACE, SEXUAL AFFECTIONAL ORIENTATION, CREED, COLOR, RELIGION, NATIONAL ORIGIN, STATUS WITH REGARD TO PUBLIC ASSISTANCE, AGE, MARITAL STATUS, VETERAN STATUS, DISABILITY, ANCESTRY, FAMILIAL STATUS OR ANY OTHER UNLAWFUL CRITERIA. APPLICANTS WHO NEED REASONABLE ACCOMMODATION TO ENABLE THEM TO COMPLETE THE APPLICATION PROCESS SHOULD CONTACT THE HUMAN RESOURCES DEPARTMENT.

Rev. 05/07

WSB and Associates, Inc.
701 Xenia Avenue South
Suite 300
Minneapolis, MN 55416
763.541.4800

INFORMATION

LAST NAME	FIRST NAME	M.I.	ARE YOU KNOWN BY OTHER NAME? IF SO, WHAT?		
STREET ADDRESS		CITY	STATE	ZIP CODE	PHONE
HOW DID YOU COME IN CONTACT WITH WSB? <input type="checkbox"/> Advertisement <input type="checkbox"/> Friend <input type="checkbox"/> Relative <input type="checkbox"/> Agency <input type="checkbox"/> Website <input type="checkbox"/> Other _____			OTHER PHONE WHERE YOU MAY BE CONTACTED:		

HAVE YOU EVER BEEN CONVICTED OF A FELONY Yes No
 IF "YES", EXPLAIN _____
 (CONVICTION WILL NOT AUTOMATICALLY EXCLUDE YOU FROM EMPLOYMENT)

ARE YOU OVER 18 <input type="checkbox"/> Yes <input type="checkbox"/> No	CAN YOU PROVIDE A RESUME? <input type="checkbox"/> Yes <input type="checkbox"/> No	IF HIRED, ARE YOU ABLE TO PROVIDE DOCUMENTATION THAT YOU ARE AUTHORIZED TO WORK IN THE UNITED STATES? <input type="checkbox"/> Yes <input type="checkbox"/> No
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LIST MEMBERSHIPS IN PROFESSIONAL, TRADE, AND HONORARY SOCIETIES, INCLUDING ANY OFFICES HELD

YOU SHOULD NOT DISCLOSE INTERESTS THAT REVEAL YOUR RACE, SEX, SEXUAL OR AFFECTIONAL ORIENTATION, CREED, COLOR, RELIGION, NATIONAL ORIGIN, STATUS WITH REGARD TO PUBLIC ASSISTANCE, AGE, MARITAL STATUS, VETERAN STATUS, DISABILITY, ANCESTRY, OR FAMILIAL STATUS.

Type of School	Diploma	Name/Location of School	Grade Average	Highest Possible Grade	Class Rank or Percentile
High School					
College					
Graduate School					
Business, Trade or Technical School					

Current Schooling _____

LIST SPECIAL OFFICE AND EQUIPMENT SKILLS _____ _____ _____	WHAT ADDITIONAL LANGUAGES DO YOU SPEAK, READ, OR WRITE? <table style="width: 100%; border-collapse: collapse;"> <tr> <td></td> <td style="text-align: center;">Fluent</td> <td style="text-align: center;">Fair</td> <td style="text-align: center;">Poor</td> </tr> <tr> <td>Speak</td> <td style="text-align: center;">_____</td> <td style="text-align: center;">_____</td> <td style="text-align: center;">_____</td> </tr> <tr> <td>Read</td> <td style="text-align: center;">_____</td> <td style="text-align: center;">_____</td> <td style="text-align: center;">_____</td> </tr> <tr> <td>Write</td> <td style="text-align: center;">_____</td> <td style="text-align: center;">_____</td> <td style="text-align: center;">_____</td> </tr> </table>		Fluent	Fair	Poor	Speak	_____	_____	_____	Read	_____	_____	_____	Write	_____	_____	_____
	Fluent	Fair	Poor														
Speak	_____	_____	_____														
Read	_____	_____	_____														
Write	_____	_____	_____														

WORK PREFERENCE

FOR WHAT POSITION(S) ARE YOU APPLYING?	ARE YOU EMPLOYED NOW? <input type="checkbox"/> Yes <input type="checkbox"/> No	SALARY EXPECTED
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ARE YOU APPLYING FOR:

FULL TIME PART TIME TEMPORARY

DATE AVAILABLE FOR WORK	HAVE YOU PREVIOUSLY APPLIED FOR WORK AT WSB and Associates? <input type="checkbox"/> Yes <input type="checkbox"/> No
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	WERE YOU REFERRED TO WSB and Associates? <input type="checkbox"/> Yes <input type="checkbox"/> No	IF REFERRED BY A CURRENT WSB AND ASSOCIATES STAFF, PLEASE PROVIDE NAME _____
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EMPLOYMENT HISTORY
LAST 5 YEARS
(START WITH YOUR PRESENT OR MOST RECENT POSTION)

NAME OF EMPLOYER		ADDRESS (CITY AND STATE)		AREA CODE/TELEPHONE
FROM MONTH/YEAR	TO MONTH/YEAR	STARTING SALARY/WAGE \$ _____ PER WEEK (MO.)	STARTING POSITION	
		ENDING SALARY/WAGE \$ _____ PER WEEK (MO.)	POSITION AT TIME OF LEAVING	
NAME AND TITLE OF SUPERVISOR			REASON FOR LEAVING	
BRIEF DESCRIPTION OF YOUR RESPONSIBILITIES				

NAME OF EMPLOYER		ADDRESS (CITY AND STATE)		AREA CODE/TELEPHONE
FROM MONTH/YEAR	TO MONTH/YEAR	STARTING SALARY/WAGE \$ _____ PER WEEK (MO.)	STARTING POSITION	
		ENDING SALARY/WAGE \$ _____ PER WEEK (MO.)	POSITION AT TIME OF LEAVING	
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BRIEF DESCRIPTION OF YOUR RESPONSIBILITIES				

NAME OF EMPLOYER		ADDRESS (CITY AND STATE)		AREA CODE/TELEPHONE
FROM MONTH/YEAR	TO MONTH/YEAR	STARTING SALARY/WAGE \$ _____ PER WEEK (MO.)	STARTING POSITION	
		ENDING SALARY/WAGE \$ _____ PER WEEK (MO.)	POSITION AT TIME OF LEAVING	
NAME AND TITLE OF SUPERVISOR			REASON FOR LEAVING	
BRIEF DESCRIPTION OF YOUR RESPONSIBILITIES				

AGREEMENT

I certify that the information provided in this application is true and complete to the best of my knowledge. I understand that false or misleading information given in my application, resume, or interview(s) may result in WSB & Associates determination to not offer employment or, in the event of employment it may result in discharge.

I understand that all offers of employment are conditional upon satisfactory reference checks. I authorize WSB & Associates to seek and contact references, for the purpose of verifying employment history and information offered in interviews and other job related information as deemed necessary. I will hold WSB & Associates and all references contacted harmless for their actions related to the verification.

If hired, I understand that I must provide documentation verifying my identity and authorization to work in the United States.

If hired, I agree to abide by all WSB & Associates policies and regulations. I understand that my employment will be at will, and that I may terminate the employment relationship, and WSB & Associates also may terminate the relationship, for any reason and without prior notification. Any modification of the terms of my employment relationship with WSB & Associates must be in writing and signed by WSB & Associates.

Date: _____

Signature: _____

REFERENCES

NAME	COMPANY	TELEPHONE #	BUSINESS RELATIONSHIP

VOLUNTARY EEO IDENTIFICATION

Various agencies of the United States Government require employers to maintain information of applicants pertaining to factors such as race, sex, and type of position of which an individual applies. The information requested on this sheet is for compliance with certain record keeping requirements. The Company believes all persons are entitled to equal employment opportunities and does not discriminate against its staff or applicants for employment because of race, color, sex, religion, national origin, disability, veteran status, age, marital status, or any other protected group status.

Name: _____

Date: _____

Position Applied For: _____

Sex: Male Female

Race/Ethnic Data:

- | | |
|---|---|
| <input type="checkbox"/> American Indian or Alaska Native (Not Hispanic or Latino) | <input type="checkbox"/> White (Not Hispanic or Latino) |
| <input type="checkbox"/> Native Hawaiian or Other Pacific Islander (Not Hispanic or Latino) | <input type="checkbox"/> Asian (Not Hispanic or Latino) |
| <input type="checkbox"/> Black or African American (Not Hispanic or Latino) | <input type="checkbox"/> Hispanic or Latino |
| <input type="checkbox"/> Two or More Races (Not Hispanic or Latino) | <input type="checkbox"/> Race missing or unknown |

Regulations issued by the U.S. Department of Labor with respect to disabled individuals, disabled veterans, and Vietnam ERA veterans require that federal contractors provide an opportunity for self-identification to candidates seeking employment. Such self-identification is submitted on a voluntary basis, on a confidential basis, for use only in accordance with regulations, and without subjecting the individual to adverse treatment.

Disable/Veteran Classification(s):

- Disabled Person Vietnam Era Veteran Special Disabled Veteran (30% or more disability)

American Indian or Alaskan Native (Not Hispanic or Latino): A person having origins in any of the original peoples of North America and South America (including Central America), and who maintain tribal affiliation or community attachment.

White (Not Hispanic or Latino): Person having origins in any of the original peoples of Europe, North Africa, or the Middle East.

Native Hawaiian or Other Pacific Islander (Not Hispanic or Latino): A person having origins in any of the peoples of Hawaii, Guam, Samoa, or other Pacific Islands.

Asian (Not Hispanic or Latino): A person having origins in any of the original peoples of the Far East, Southeast Asia, the Indian subcontinent including, for example, Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand and Vietnam.

Black or African American (Not Hispanic or Latino): Person having origins in any of the black racial groups of Africa.

Hispanic or Latino: A person of Mexican, Puerto Rican, Cuban, Central or South America, or other Spanish culture origin, regardless of race.

Two or More Races (Not Hispanic or Latino): All persons who identify with more than one of the above five races.

Race missing or unknown: Applies to **Applicants only**, where a resume or application that is screened is received without any racial or ethnic identification and no further contact is made with the applicant.

Disabled Individual: Federal regulations define a disabled person as one who (1) has a physical or mental impairment which substantially limits one or more of such person's major life activities, (2) has a history of such impairment, or (3) is regarded as having such an impairment.

Vietnam Era Veteran: Federal regulations define a veteran of the Vietnam Era as one who (1) served on active duty for a period of more than 180 days, any part of which occurred between August 5, 1964, and May 7, 1975, and was discharged or released with other than a dishonorable discharge, or (2) was discharged or released from active duty for a service connected disability if any part of such active duty was performed between August 5, 1964, and May 7, 1975.

Special Disabled Veteran: Federal regulations define a special disabled veteran as one who (1) is entitled to compensation under laws administered by the Veterans' Administration or a disability rated 30% or more, or (2) was discharged or released from active duty because of a service-connected disability.

AN EQUAL OPPORTUNITY EMPLOYER