

5401 St. Wendel-Cynthiana Road; Poseyville, IN 47633

APPLICATION FOR EMPLOYMENT

Please answer all questions. Resumes are not accepted in lieu of completion of this application. This application was designed for use by Western Green and its affiliated companies for employment with any one of them. Some questions may not be completely applicable to the job position you are seeking; however, we ask that you please answer all questions. Please Print

Position applied for:	Date:		
Name:Last Name	First	Midd	le
Address:			
Street	City	State	Zip
Telephone Number:()			
Only U.S. Citizens or aliens who have a lupon employment, submit documentation			
□ Yes □ No			
Are you over 18 years of age? ☐ Yes	□ No		
Have you previously applied at Western	Green or any of its affiliates? □	Yes □ No	
Have you been employed with us or any	of our affiliates before? □ Yes	□ No	
Required Pay: \$ □ I	Hourly □ Annual		
Do you have any friends or relatives who	work with us or any of our affilia	tes? □ Yes (Pleas	e List) □ No
Name	Relationship		
Name	Relationship		
Have you ever been dismissed or forced	to resign from any employment?	⊓ Yes (Please e	xplain) □ No
Have you ever been convicted of a felony	y? □ Yes (Please explain) * □ I	No	
* A conviction will not necessarily disqualify y	vou from employment.		

Do you have transportation to work? ☐ Yes ☐ No				
Are you willing to work over	time? □ Yes □ No Are	ou willing to work rot	ating shifts? ☐ Yes ☐ No	
Are there any hours, shifts, or days you will not work? ☐ Yes (Please explain) ☐ No Education History				
College/University City, State		Highest Degree Obtained		
License/Certification	l certifications which you current	y hold.		
Name of license/certification	1:			
	n: ::		tate:	
License/certification number		Issuing S		
License/certification number Has your license/certification Military or Naval Exp Are you a veteran of the U.S.	r:n ever lapsed? □ Yes (Please ex	Issuing S plain) □ No lo		
License/certification number Has your license/certification Military or Naval Exp Are you a veteran of the U.S If Yes: Branch of Service: Personal References	erience S. Military service? Yes I	lssuing S plain) □ No lo Start Date one year or longer. Relationship:	tate:	
License/certification number Has your license/certification Military or Naval Exp Are you a veteran of the U.S If Yes: Branch of Service: Personal References Please list three references (no Name: Phone Number:	erience S. Military service? Yes I	Issuing S plain) □ No Io Start Date one year or longer. Relationship: Years Known:	End Date	
License/certification number Has your license/certification Military or Naval Exp Are you a veteran of the U.S If Yes: Branch of Service: Personal References Please list three references (no Name:	erience S. Military service?	lssuing S plain) □ No Start Date Start Date Pelationship: Years Known: Relationship:	tate:	
License/certification number Has your license/certification Military or Naval Exp Are you a veteran of the U.S If Yes: Branch of Service: Personal References Please list three references (not Name: Phone Number: Name:	erience S. Military service?	Issuing S plain) □ No Io Start Date The second s	End Date	

Employment History

Please enter your previous employment details starting with your most recent position working your way back. Please include at least 7 years of employment history and at least 3 employers (if applicable). Account for all time periods including unemployment, self-employment and military service.

Employer Name:		Position Title:	Position Title:	
City, State:		Phone Number:	Phone Number:	
Supervisor Name:		Salary:		
Current Employer: □	Yes □ No	May We Contact: ☐ Yes ☐ No		
Start Date:	End Date:	Reason for Leaving:		
Job Duties:				
City, State:		Phone Number:		
Supervisor Name:		Salary:		
Current Employer: □	Yes □ No	May We Contact: ☐ Yes ☐ No		
Start Date:	End Date:	Reason for Leaving:	· · · · · · · · · · · · · · · · · · ·	
		Reason for Leaving:		
Job Duties:				
Job Duties:				
Job Duties:		Position Title:		
Job Duties:		Position Title:		
Job Duties: Employer Name:		Position Title:Phone Number:		
Job Duties: Employer Name: City, State: Supervisor Name: Current Employer: □		Position Title: Phone Number: Salary:		
Job Duties: Employer Name: City, State: Supervisor Name: Current Employer: □ Start Date:	Yes □ No End Date:	Position Title: Phone Number: Salary: May We Contact: □ Yes □ No Reason for Leaving:		
Job Duties: Employer Name: City, State: Supervisor Name: Current Employer: □ Start Date:	Yes □ No End Date:	Position Title: Phone Number: Salary: May We Contact: □ Yes □ No		

NOTICE TO APPLICANTS: Western Green and its affiliates comply with the Americans with Disabilities Act of 1990. During the interview process, you may be asked questions concerning your ability to perform job-related functions. If you are given a conditional offer of employment, you will be required to undergo a medical examination, which includes a test for illicit drugs. All medical information will be kept confidential.

APPLICANT'S ACKNOWLEDGMENT

Please read carefully before signing

I certify that the answers given herein are true and complete to the best of my knowledge. I authorize the investigation of all matters contained in this application and hereby give North American Green and/or its affiliates permission to contact schools, previous employers, references, governmental agencies and others, and hereby release Western Green, its affiliates and their employees and agents, as well as those persons providing information, from any liability as a result of such contact or information provided. I understand that misrepresentations or omissions of material facts may remove me from further consideration for employment. In addition, if employed, any misrepresentations or omissions of material facts called for in this application may be cause for dismissal at any time without any previous notice.

I understand that, if I am employed, my employment with Western Green or its affiliates ("the Employer") is "at-will", which means that my employment is for no specific term and that either the Employer or the employee is free to terminate the employment relationship at any time for any reason, or no reason at all. I further understand that no oral promise or representation, Employer policy, custom, business practice or other procedure (including any employee handbook or the personnel manual) constitutes an employment contract or modification of the at-will employment relationship between me and the Employer. The contents of any employee handbook or personnel manual, as well as other Employer policies and practices, are subject to change or modification by the Employer solely at its discretion, without notice. I also understand that no supervisor or other official of the Employer (except its President, in writing) has the authority to enter into any agreement with me or to make any agreement contrary to the foregoing.

I understand that I will be required to undergo screening for use of illicit drugs or alcohol abuse as part of a pre-employment physical examination and that, in addition, all employees are subject to screening for use of illicit drugs or alcohol abuse.

This application will remain active for six (6) months.		
Signature	Date	

Western Green and its affiliated companies are equal employment opportunity employers. We adhere to a policy of making employment decisions without regard to the race, color, age, sex, religion, national origin, disability, marital status, citizenship, veteran status or other protected group status of any qualified individual.

REQUEST AND AUTHORIZATION TO RELEASE INFORMATION

Applicant Complete This Section

I authorize investigation of all matters contained in my employment application and hereby give the prospective Employer permission to contact schools, previous employers, references and others. By signing this statement, I hereby agree to release and hold harmless the prospective Employer, its affiliates and the employees and also all persons providing information and their employers from any and all liability whatsoever for contacts made by, or information provided to, the prospective Employer.

Name:	Social Security Number:
Signature	Date
Human Resources Completes This Section	<u>n:</u>
To:Company Name	
Attention:Name/Title of Authorized Individual	
Phone:	FAX:
The above-named individual has applied for empl would appreciate your company sharing previous authorization is provided above to allow release of	oyment with our Company or one of its affiliates. We employment information with us. The individual's signed of this information.
Company	
Name/Title	
Signature	
Date	