

Application for Employment

As an equal opportunity employer, Westmoreland Protection Agency, Inc. does not discriminate in hiring or the terms and conditions of employment because of an individual's race, color, religion, sex, sexual preference, age, gender, military/veteran's status, disability, national origin or any other classification protected by Federal, State, or Local Law.

Please read this application carefully and complete all sections. Illegible and/ or incomplete forms will not be processed.

PERSONAL INFORMATION

Last Name:	First Name:	Middle Name
Phone (Cell):	Phone (Home):	Date Completed:
Email:		Social Security Number:

POSITION INFORMATION

For what position are you applying	Desired Type of Employment	Date Available to Start
	<input type="checkbox"/> FULL TIME <input type="checkbox"/> PART TIME	
Why are you interested in working for us?		

BACKGROUND QUESTIONNAIRE

Are you at least 21 years of age?	Are you a United States citizen?
<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Have you ever used a name other than the one by which you are applying?	If yes, list the name(s) you have used other than the one which you are applying:
<input type="checkbox"/> Yes <input type="checkbox"/> No	
Have you worked for us before?	If yes, list the names and locations of previous employment
<input type="checkbox"/> Yes <input type="checkbox"/> No	
Do you know anyone that currently works or has previously worked for Westmoreland?	If yes, list their name and relationship to you
<input type="checkbox"/> Yes <input type="checkbox"/> No	
Have you ever been convicted, pled guilty or no contest in this state or elsewhere, to a crime or offense that is a misdemeanor or a felony?	
<input type="checkbox"/> Yes <input type="checkbox"/> No	
If yes, please explain (include nature of offense, date of conviction or guilty plea, penalty of imposed and other relevant circumstances).	

MILITARY SERVICE: *Must provide a copy of your DD214*

Branch	Start Date	End Date	Highest Rank Attained
Duties			

BUSINESS REFERENCES: *Must provide 3 references including name, company and telephone numbers.*

(1)	Reference Name	Current Company	Phone	How Acquainted	Years Known
(2)	Reference Name	Current Company	Phone	How Acquainted	Years Known
(3)	Reference Name	Current Company	Phone	How Acquainted	Years Known

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ADDRESS HISTORY

Must provide FIVE Years history of residence. If you have lived at your current residence less than five (5) years, you must list all residences where you have lived for the past five (5) years.

Dates (From)	Dates (To)	Address	City	State	Zip
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EDUCATION AND CERTIFICATION HISTORY

School	Name and Location of School	# of Years Completed	Degree? (Y/N)	Type of Course/ Major
High School				
College/ University				
College/ University				
Additional Training				
Additional Training				

EMPLOYMENT HISTORY – TEN YEARS

Beginning with your most recent, please list your employment history for the last **TEN (10) years**. You must complete this section even if attaching a resume.

(01) Name of Most Recent Employer		Employer Address (City & State)		Position Held
Dates From	Dates To	Human Resources Contact Name		Supervisor
Starting Pay	Ending Pay	Human Resources Contact Phone		Human Resources Contact Fax
Work performed			Reason for leaving	
(02) Name of Previous Employer		Employer Address (City & State)		Position Held
Dates From	Dates To	Human Resources Contact Name		Supervisor
Starting Pay	Ending Pay	Human Resources Contact Phone		Human Resources Contact Fax
Work performed			Reason for leaving	
(03) Name of Previous Employer		Employer Address (City & State)		Position Held
Dates From	Dates To	Human Resources Contact Name		Supervisor
Starting Pay	Ending Pay	Human Resources Contact Phone		Human Resources Contact Fax
Work performed			Reason for leaving	

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EMPLOYMENT HISTORY Continued

(04) Name of Previous Employer		Employer Address (City & State)	Position Held
Dates From	Dates To	Human Resources Contact Name	Supervisor
Starting Pay	Ending Pay	Human Resources Contact Phone	Human Resources Contact Fax
Work performed		Reason for leaving	
(05) Name of Previous Employer		Employer Address (City & State)	Position Held
Dates From	Dates To	Human Resources Contact Name	Supervisor
Starting Pay	Ending Pay	Human Resources Contact Phone	Human Resources Contact Fax
Work performed		Reason for leaving	
(06) Name of Previous Employer		Employer Address (City & State)	Position Held
Dates From	Dates To	Human Resources Contact Name	Supervisor
Starting Pay	Ending Pay	Human Resources Contact Phone	Human Resources Contact Fax
Work performed		Reason for leaving	
(07) Name of Previous Employer		Employer Address (City & State)	Position Held
Dates From	Dates To	Human Resources Contact Name	Supervisor
Starting Pay	Ending Pay	Human Resources Contact Phone	Human Resources Contact Fax
Work performed		Reason for leaving	

Have you ever been terminated from a job(s) or asked to resign? Yes No

If yes, please provide details including places(s) of employment, locations(s), dates(s), supervisor's name, and circumstances of the discharge.

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CERTIFICATION

Please read carefully, check each box and initial each paragraph then sign below.

- I affirm: I hereby affirm that the information given by me on this application for employment is complete and accurate. I understand that any falsification or omission, either on this application or otherwise providing false information to Westmoreland, will be immediate grounds for dismissal, no matter when the falsification or omission is discovered. Initials: _____
- I agree: If I am hired, I agree to abide by the rules and policies of Westmoreland Protection Agency and understand that, if employed; my employment is at-will and can be terminated with or without cause, and without notice, at any time at the option of the Westmoreland or me. Initials: _____
- I understand: I understand that e Westmoreland will require me to submit to drug/ alcohol testing after receiving a conditional offer of employment and that I must pass that test prior to assuming any job duties. I understand and agree to comply with this condition of employment. Initials: _____
- I authorize: I hereby authorize Westmoreland Protection Agency, to thoroughly investigate my references, work record, education and other matters related to my suitability for employment and, further, authorize the references I have listed to disclose to Westmoreland any and all letters, reports and other information related to my work records, without giving me prior notice of such disclosure. In addition, I hereby release Westmoreland, my former employers and all other persons, corporations, partnerships and associations from any and all claims, demands or liabilities arising out of or in any way related to such investigation or disclosure. Initials: _____
- I understand: I understand that should any internal personnel employed by Westmoreland conduct a search of public records (including records documenting an arrest, indictment, conviction, civil judicial action, tax lien or outstanding judgment) I am entitled to copies of any such public records obtained by the Company. Initials: _____

Signature

Date Signed

Print Name