

## **Employment Application**

25777 Detroit Road, Suite 200 Westlake, Ohio 44145 Phone (440) 835-9400 Fax (440) 835-9474

R.E. Warner & Associates, Inc. is an equal opportunity employer. We consider applicants for all positions without regard to race, color, religion, sex, national origin, age, marital status, veteran status, the presence of a non-job related medical condition or handicap, or any other legally protected status.

TO BE CONSIDERED FOR EMPLOYMENT:

1) Fill out application completely and answer every question fully; 2) do not use "refer to resume"; and 3) be sure to sign and date the application.

If the position requires, can you provide both a valid drivers license and proof of insurance?  If interested in summer work, check ONLY this box							
Address   City   State   Zip   Phone - Day    Other Last Names Used   If hired, will you be able to submit verification of your right to work in the U.S at time of hire?   Phone - Evening    TYPE OF WORK DESIRED    First Choice   Second Choice   Salary Requirement   Date Available to State    If the position requires, can you provide both a valid drivers   Yes   No   Part Time   Part Time   Weekends   Overtime    Otherwise, if required, are you available to work:   Yes   No   Yes   No   Yes   No   Yes   No    EDUCATION    Name of School, City & State   Degree or Majort/Mine    Bus/Tech School    College/University    Military/Other    Percent of college expenses earned   Professional Registrations/Licenses Held or Pursuing							
Address   City   State   Zip   Phone - Day    Other Last Names Used   If hired, will you be able to submit verification of your right to work in the U.S at time of hire?   Yes   No   Phone - Evening    TYPE OF WORK DESIRED    First Choice   Second Choice   Salary Requirement   Date Available to State    If the position requires, can you provide both a valid drivers   Yes   No   Referred by:    If interested in summer work, check ONLY this box   Full Time   Part Time   Weekends   Yes   No   Yes   No   Yes   No    EDUCATION    Bus/Tech School   Degree or Major/Mine    College/University   College/University    Military/Other   Professional Registrations/Licenses Held or Pursuing    Percent of college expenses carned   Professional Registrations/Licenses Held or Pursuing    The position requires, can you provide both a valid drivers   Date Available to State    Part Time   Weekends   Overtime   Overtime   Yes   No   Yes   No    Part Time   Weekends   Overtime   Yes   No   Yes   No   Yes   No    Percent of college expenses carned   Professional Registrations/Licenses Held or Pursuing    Percent of college expenses carned   Professional Registrations/Licenses Held or Pursuing    Part Time   Weekends   Overtime   Overt		M		F. A.M.	L INFORMATION		
Other Last Names Used  If hired, will you be able to submit verification of your right to work in the U.S at time of hire?  TYPE OF WORK DESIRED  First Choice  Second Choice  Second Choice  Second Choice  Second Choice  Referred by:  If the position requires, can you provide both a valid drivers license and proof of insurance?  If interested in summer work, check ONLY this box Otherwise, if required, are you available to work:  Part Time Otherwise, if required, are you available to work:  Degree or Majort/Mine  High School  Bus/Tech School  College/University  College/University  Military/Other  Percent of college expenses earned  Professional Registrations/Licenses Held or Pursuing	Date	M.I.		First Name		Last Name	
TYPE OF WORK DESIRED  First Choice  Second Choice  Referred by:  Weekends Overtime Otherwise, if required, are you available to work:  Yes   No	Phone – Day	Zip	State	City		Address	
TYPE OF WORK DESIRED  First Choice Scond Choice Salary Requirement Date Available to State  If the position requires, can you provide both a valid drivers license and proof of insurance?  If interested in summer work, check ONLY this box Otherwise, if required, are you available to work: Pes No	Phone - Evening		bmit verification of	If hired, will you be able to sub	ed	Other Last Names Use	
First Choice Second Choice Salary Requirement Date Available to Star If the position requires, can you provide both a valid drivers If the position requires, can you provide both a valid drivers If interested in summer work, check ONLY this box Otherwise, if required, are you available to work:    Full Time	No 🗆						
First Choice Second Choice Salary Requirement Date Available to Star If the position requires, can you provide both a valid drivers If the position requires, can you provide both a valid drivers If interested in summer work, check ONLY this box Otherwise, if required, are you available to work:    Full Time					VORK DESIRED	TYPE OF W	
license and proof of insurance?  If interested in summer work, check ONLY this box Otherwise, if required, are you available to work:    Full Time	Date Available to Start	Salary Requirement		econd Choice	VORIN DEGINED		
license and proof of insurance?  If interested in summer work, check ONLY this box Otherwise, if required, are you available to work:    Full Time		Defermed by					
Otherwise, if required, are you available to work:    Yes   No   Yes		Referred by:	No □	s Yes □ N			
EDUCATION  Name of School, City & State  Degree or Major/Minor  Bus/Tech School  College/University  College/University  Military/Other  Percent of college expenses earned  Professional Registrations/Licenses Held or Pursuing							
Name of School, City & State  High School  Bus/Tech School  College/University  College/University  Military/Other  Percent of college expenses earned  Professional Registrations/Licenses Held or Pursuing		2 100 2 110		2 163 2116	, are you available to work	outer wise, it requires	
High School  Bus/Tech School  College/University  College/University  Military/Other  Percent of college expenses earned  Professional Registrations/Licenses Held or Pursuing					N	<b>EDUCATIO</b>	
Bus/Tech School  College/University  College/University  Military/Other  Percent of college expenses earned  Professional Registrations/Licenses Held or Pursuing	Degree or Major/Minor GPA		Name of School, City & State				
College/University  College/University  Military/Other  Percent of college expenses earned  Professional Registrations/Licenses Held or Pursuing						High School	
College/University  Military/Other  Percent of college expenses earned  Professional Registrations/Licenses Held or Pursuing						Bus/Tech School	
Military/Other  Percent of college expenses earned  Professional Registrations/Licenses Held or Pursuing						College/University	
Percent of college expenses earned Professional Registrations/Licenses Held or Pursuing						College/University	
						Military/Other	
TEST RESULTS (Answer only for tests taken in the last 5 years)			nses Held or Pursuing	Professional Registrations/Licen	penses earned	Percent of college exp	
TEST RESULTS (Answer only for tests taken in the last 5 years)							
TEOT REDUCTO (Answer only for tests taken in the last o years)			e last 5 years)	or tests taken in the	JLTS (Answer only	TEST RESI	
Verbal Math Composite	Composite	Math			Scholastic Aptitude Test (SAT):		
Verbal Math Composite	Composite	Math		Verbal			
American College Testing Program (ACT):							
Professional Engineer (PE): Engineer In Training (EIT):		Engineer In Training (EIT):			Professional Engineer (PE):		
Professional Surveyor (PS):  Other Courses or Training Related to Work Desired  Surveyor In Training (SIT):		ining (SIT):	Surveyor In Tra				

Scholastic Honors and Scholarships						
Other Job Related Activities (e.g. memberships) That May Prov	ve Beneficial to Your Work					
Special Skills and Abilities						
DEEEDENOES (			,			
REFERENCES (not related to you and no Name & Address	ot previous emplo	yers	5)	Phone Number		
Name & Address				Phone Number		
Name & Address				Phone Number		
EMPLOYMENT HISTORY  List your present and most recent employer first. Include period	ds of time for the past ten (1	(0) ve	ears whether employed or un	employed, including vol	unteer work and	
active military service (use additional forms, if necessary). <b>DO</b>				r . ,		
Name of Employer Immediate Supervisor			nediate Supervisor	Start Date	End Date	
Employer Address				Employer Phone Number		
Starting Position	Current/Ending Position		Starting Wage			
Description of Your Current Work				Current/Ending W		
				Reason for Leavi	ng	
Name of Employer		Imm	nediate Supervisor	Start Date	End Date	
Employer Address				Employer Phone	Number	
Starting Position	Current/Ending Position		Starting Wage			
Description of Your Current Work				Current/Ending W		
				Reason for Leavin		
Name of Employer		Imm	nediate Supervisor	Start Date	End Date	
Employer Address				Employer Phone	Number	
Starting Position	Current/Ending Position			Starting Wage		
Description of Your Current Work				Current/Ending W		
				Reason for Leavin	ng	
May we contact your present employer?			May we contact your past	employer(s)?		

SERVICE RECORD  Branch of Service				Dischar	ge Date & Rank*	
Present Membership National Guard/Reserves				Date Obligation Ends		
*You must attach discharge papers or other proof of service to receive credit						
ADDITIONAL INFORMATION						
Do you have any relatives who are currently employed by R.E. Warner?	Yes □ No	o 🗆	Name		Relationship	
Have you ever filed an application with R.E. Warner & Associates before?	Yes □ No	) [				
Have you ever been employed with R.E. Warner & Associates before?	Yes □ No	o 🗆				
Are you currently on lay-off status and subject to "recall"?	Yes □ No	) <b></b>				
Can you travel if the job requires it?  Yes □ No □						
State any other information that might be helpful in considering this application v	which is not appare	ent elsewl	here:			
APPLICANT STATEMENT						
I certify that the answers given herein are true and complete to the best of	of my knowledge	e.				
I authorize investigation of all statements contained in this application for employment as may be necessary in arriving at an employment decision.						
I release all schools, employers and others listed in this application from any liabilities and damages relating to responses made in any such investigation.						
This application for employment shall be considered active for a period of 90 days. Any applicant wishing to be considered for employment beyond this time period should inquire as to whether or not applications are being accepted at that time.						
I hereby understand and acknowledge that any employment relationship with R. E. Warner & Associates, Inc. is of an "at will" nature, which means that the Employee may resign at any time and the Employer may discharge Employee at any time with or without cause, and that employment will be for no definite period of time. It is further understood that this "at will" employment relationship may not be changed by any written document, oral statement, or by conduct unless such change is specifically acknowledged in writing by an authorized executive of R. E. Warner & Associates, Inc.						
In the event of employment, I understand that false or misleading information given in my application or interview(s) may result in termination. I understand, also, that I am required to abide by all rules and regulations of R. E. Warner & Associates, Inc.						
SIGNATURE: DATE:						



## **VOLUNTARY DISCLOSURE FORM**

R.E. Warner & Associates, Inc. is a Government Contractor subject to Executive Order 11246; as amended, Section 503 of the Vocational Rehabilitation Act of 1973 and Section 402 of the Vietnam Era Veteran's Act of 1974, including their implementing regulations found at 41 CFR 60-741 and 41 CFR 60-250 respectively.

To meet government reporting requirements, applicants are requested to complete this data sheet. Information will be used soley for government reporting purposes. It will not be used as selection criteria and will be treated as personal and confidential.

NAME:		DATE:				
Position applied for:		Sex:	Male	Female		
Ethnic Identification:	American Indian Native Hawaiian of Black or African A Asian Hispanic or Latino White Other	an of Other Pacific Islander In American				
Veteran Status:	WWIIKoreanVietnamDisabled	W	Source: alk- in lob Posting			