



APPLICATION FOR EMPLOYMENT

To applicant: The Wolf Organization appreciates your interest in our company. If you want to be a part of something truly great, if you feel that you want to belong, if you want to build a great career, you've come to the right place. We offer growth, challenge, opportunity and an inclusive environment. *Always be a leader.* The Wolf Organization is an Equal Opportunity Employer committed to equal treatment of all individuals with regard to employment, rates of pay and all other terms and conditions of employment. We will not discriminate against applicants on basis of race, religion, color, national origin, ancestry, sex, age, veteran status, disability or any other legally protected classification.

DATE OF APPLICATION

POSITION APPLIED FOR

LOCATION OF POSITION

PERSONAL

As it appears on your social security card

LAST NAME

FIRST NAME

MIDDLE

STREET ADDRESS

CITY

STATE

ZIPCODE

EMAIL ADDRESS

MAIN PHONE

ALTERNATE PHONE

ARE YOU LEGALLY ELIGIBLE FOR EMPLOYMENT IN THE USA? *If hired, you are required to submit proof of eligibility.* YES NO

ARE YOU OVER THE AGE OF EIGHTEEN? *If NO, hire is subject to verification that you are of minimum legal age.* YES NO

WERE YOU PREVIOUSLY EMPLOYED BY THE WOLF ORGANIZATION? *If YES, when?* _____ YES NO

CDL DRIVERS ONLY: ARE YOU REGISTERED WITH THE FEDERAL MOTOR CARRIER SAFETY ADMINISTRATION DRUG & ALCOHOL CLEARINGHOUSE? YES NO

HOW DID YOU HEAR ABOUT THIS POSITION? _____

REFERRED BY: *(if applicable)* _____

JOB RELATED EXPERIENCES, SKILLS OR QUALIFICATIONS THAT WOULD BE A BENEFIT IN THE JOB FOR WHICH YOU ARE APPLYING:

EDUCATION

SCHOOL	NAME AND ADDRESS OF SCHOOL	COURSE OF STUDY	CHECK LAST YEAR COMPLETED				DID YOU GRADUATE?		LIST DIPLOMA OR DEGREE
			9	10	11	12	YES	NO	
HIGH SCHOOL			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
COLLEGE			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
OTHER (GED, Certificate, etc.)			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

LAST NAME

FIRST NAME

MIDDLE

EMPLOYMENT

LIST PRESENT AND PAST EMPLOYMENT, BEGINNING WITH MOST RECENT

1. _____
 NAME OF COMPANY ADDRESS PHONE

TITLE / JOB FUNCTION DESCRIBE WORK YOU DID NAME OF SUPERVISOR

START DATE (month/year) END DATE (month/year) REASON FOR LEAVING

MAY WE CONTACT THIS EMPLOYER?

YES NO

IF NO, PLEASE EXPLAIN:

2. _____
 NAME OF COMPANY ADDRESS PHONE

TITLE / JOB FUNCTION DESCRIBE WORK YOU DID NAME OF SUPERVISOR

START DATE (month/year) END DATE (month/year) REASON FOR LEAVING

MAY WE CONTACT THIS EMPLOYER?

YES NO

IF NO, PLEASE EXPLAIN:

3. _____
 NAME OF COMPANY ADDRESS PHONE

TITLE / JOB FUNCTION DESCRIBE WORK YOU DID NAME OF SUPERVISOR

START DATE (month/year) END DATE (month/year) REASON FOR LEAVING

MAY WE CONTACT THIS EMPLOYER?

YES NO

IF NO, PLEASE EXPLAIN:

REFERENCES

1. _____
 NAME & OCCUPATION ADDRESS PHONE

2. _____
 NAME & OCCUPATION ADDRESS PHONE

3. _____
 NAME & OCCUPATION ADDRESS PHONE

AUTHORIZATION

PLEASE READ AND SIGN HERE TO COMPLETE YOUR APPLICATION.

MAY WE CONTACT YOU AT THE NUMBERS PROVIDED TO FOLLOW UP ON THIS APPLICATION?

YES NO

WHEN IS THE BEST TIME TO CALL? _____

I hereby give The Wolf Organization, LLC the right to make a thorough investigation into my previous employment, education and references; and I release from all liability all persons, companies, and corporations supplying such information. I release, indemnify and hold harmless the The Wolf Organization, LLC from and against all liability which might result from making such an investigation. I understand that any false answer, statement or representation made by me in this application shall constitute sufficient cause for discharge. I also understand that nothing contained in this employment application or granting of interview is intended to create an employment contract between The Wolf Organization, LLC and me for either employment or for the granting of benefits. No promises regarding employment have been made to me, and I understand that no such promise or guarantee is binding upon The Wolf Organization, LLC unless made in writing and signed by the CEO/President. I understand and agree that I have the right to terminate my employment at any time, for any reason or for no reason, and that The Wolf Organization, LLC retains a similar right.