



# Application For Employment

**WHECO Corporation**  
Corporate Headquarters  
2989 Kingsgate Way  
Richland, WA 99354  
Phone: (509) 371-1703  
Fax: (509) 375-4920  
Website: [www.wheco.com](http://www.wheco.com)

WHECO Corporation operates under a zero tolerance drug and alcohol policy. Drug testing and physical will be required prior to employment. Applicants are considered for all positions without regard to race, color, religion, sex, national origin, age, marital or veteran status, or the presence of a non-job-related medical condition or handicap.

(PLEASE PRINT)

Date of Application \_\_\_\_\_

Position(s) Applied For \_\_\_\_\_

Referral Source: ☐ Advertisement ☐ Friend ☐ Relative ☐ Walk-In ☐ Website  
☐ Employment Agency ☐ Other \_\_\_\_\_

Name \_\_\_\_\_  
Last First Middle

Address \_\_\_\_\_  
Address City State Zip Code

Telephone (\_\_\_\_\_) \_\_\_\_\_ Email \_\_\_\_\_  
Area Code

If employed and you are under 18, can you furnish a work permit? ☐ Yes ☐ No

Have you filed an application here before? ☐ Yes ☐ No If Yes, give date \_\_\_\_\_

Have you ever been employed here before? ☐ Yes ☐ No If Yes, give date \_\_\_\_\_

Are you employed now? ☐ Yes ☐ No May we contact your present employer? ☐ Yes ☐ No

Are you prevented from lawfully becoming employed in this country because of Visa or Immigration Status?

☐ Yes ☐ No (Proof of citizenship or immigration status will be required upon employment.)

On what date would you be available for work? \_\_\_\_\_

Are you available to work ☐ Full Time ☐ Part-Time ☐ Shift Work ☐ Temporary

Are you on a lay-off and subject to recall? ☐ Yes ☐ No

Can you travel if a job requires it? ☐ Yes ☐ No Can you relocate if a job requires it? ☐ Yes ☐ No

Check here if you have the following:

☐ Passport, Exp. Date \_\_\_\_\_ If not, are you willing to obtain one? ☐ Yes ☐ No

☐ Enhanced Driver's License, Exp. Date \_\_\_\_\_ If not, are you willing to obtain one? ☐ Yes ☐ No

Veteran of the U.S. Military service? ☐ Yes ☐ No If Yes, Branch \_\_\_\_\_

Indicate languages you speak, read, and/or write.

	FLUENT	GOOD	FAIR
SPEAK			
READ			
WRITE			

List professional, trade, business or civic activities and offices held.

(You may exclude those which indicate race, color, religion, sex or national origin): \_\_\_\_\_

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Give name, address and telephone number of three references who are not related to you and are not previous employers.

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Special Employment Notice to Disabled Veterans, Vietnam Era Veterans, and Individuals with Physical or Mental Handicaps.

Government contractors are subject to 38 USC 2012 of the Vietnam Era Veterans Readjustment Act of 1974 which requires that they take affirmative action to employ and advance in employment qualified disabled veterans and veterans of the Vietnam Era, and Section 503 of the Rehabilitation Act of 1973, as amended, which requires government contractors to take affirmative action to employ and advance in employment qualified handicapped individuals.

If you are a disabled veteran, or have a physical or mental handicap, you are invited to volunteer this information. The purpose is to provide information regarding proper placement and appropriate accommodation to enable you to perform the job to the best of your ability in a proper and safe manner. This information will be treated as confidential. Failure to provide this information will not jeopardize or adversely affect your consideration for employment.

If you wish to be identified, please sign below.

☐ Handicapped Individual    ☐ Disabled Veteran    ☐ Vietnam Era Veteran

Signed \_\_\_\_\_ Date \_\_\_\_\_

# Employment Experience

Start with your present or last job. Include military service assignments and volunteer activities. Exclude organization names which indicate race, color, religion, sex or national origin.

1	Employer	Telephone	Dates Employed		<b>Work Performed</b>
	Address	( ) -	From	To	
	Job Title				
	Supervisor				
Reason for Leaving					<b>Work Performed</b>
2	Employer	Telephone	Dates Employed		
	Address	( ) -	From	To	
	Job Title				
	Supervisor				
Reason for Leaving					<b>Work Performed</b>
3	Employer	Telephone	Dates Employed		
	Address	( ) -	From	To	
	Job Title				
	Supervisor				
Reason for Leaving					<b>Work Performed</b>
4	Employer	Telephone	Dates Employed		
	Address	( ) -	From	To	
	Job Title				
	Supervisor				
Reason for Leaving					<b>Work Performed</b>

If you need additional space, please continue on a separate sheet of paper.

## Special Skills and Qualifications

Summarize special skills and qualifications acquired from employment or other experience: \_\_\_\_\_

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# Education

	Elementary	High School	College/ University	Graduate/ Professional
School Name				
Years Completed: (Circle)	4 5 6 7 8	9 10 11 12	1 2 3 4	1 2 3 4
Diploma/Degree				
Describe Course Of Study:				
Describe Specialized Training, Apprenticeship, Skills, and Extra-Curricular Activities				

Honors Received:

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State any additional information you feel may be helpful to us in considering your application.

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## Applicant's Statement

I certify that answers given herein are true and complete to the best of my knowledge.

I authorize investigation of all statements contained in this application for employment as may be necessary in arriving at an employment decision. I understand that this application is not and is not intended to be a contract of employment.

In the event of employment, I understand that false or misleading information given in my application or interview(s) may result in discharge. I understand, also, that I am required to abide by all rules and regulations of the Company.

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Signature of Applicant

Date



## WHECO'S ZERO TOLERANCE DRUG FREE WORKPLACE POLICY

**WHECO Corporation**  
Corporate Headquarters  
2989 Kingsgate Way  
Richland, WA 99354-5311  
Phone: (509) 371-1703  
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### **PRE-EMPLOYMENT – JOB APPLICANT TESTING:**

I hereby acknowledge that I have been informed of WHECO's Zero Tolerance Drug Free Workplace Policy. I understand that WHECO's policy includes pre-employment drug testing. This policy also includes testing for the following reasons: reasonable suspicion, random testing, post accident or for cause and re-entry monitoring, commercial driver's license application or renewal.

Applicants are tested for alcohol, cannabinoids (marijuana), cocaine, opiates, benzodiazepines, amphetamines, barbiturates, and phencyclidine (PCP). The above drugs are screened through the submission of a urine, blood or hair specimen at our collection site. The specimen is sent to an approved and certified drug testing laboratory following strict chain of custody procedure.

Further, I understand that if I am employed by WHECO, I will be provided with a copy of WHECO's Zero Tolerance Drug Free Workplace Policy and may be required to submit to testing for the presence of alcohol and/or drugs, both legal and illegal, for the post employment reasons stated above.

Submitting to this pre-employment, in no way constitutes a contract for employment between WHECO and me.

**NOTICE:**     **Tampering with testing in any way constitutes a positive test and applicant will not be considered for hire. This may include diluted specimens.**

My signature below indicates that I understand the above information and have been afforded the opportunity to ask questions concerning WHECO's Zero Tolerance Drug Free Workplace Policy.

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Signature of Applicant	Printed Name	Date
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Signature of Witness	Printed Name	Date
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# Applicant Data Record

## Detach from Application

Applicants are considered for all positions, and employees are treated during employment without regard to race, color, religion, sex, national origin, age, marital or veteran status, medical condition or handicap.

As employers/government contractors, we comply with government regulations and affirmative action responsibilities.

Solely to help us comply with government record keeping, reporting and other legal requirements, please fill out the Applicant Data Record. We appreciate your cooperation.

This data is for periodic government reporting and will be kept in a Confidential File separate from the Application for Employment.

(PLEASE PRINT)

Date of Application \_\_\_\_\_

Position(s) Applied For \_\_\_\_\_

Referral Source: ☐ Advertisement ☐ Friend ☐ Relative ☐ Walk-In ☐ Website  
☐ Employment Agency ☐ Other \_\_\_\_\_

Name \_\_\_\_\_  
Last

Phone ( ) \_\_\_\_\_  
First

Middle

Area Code

Address \_\_\_\_\_  
Number Street City State Zip Code

### Affirmative Action Survey

Government agencies require periodic reports on the sex, ethnicity, handicapped and veteran status of applicants. This data is for analysis and affirmative action only. Submission of information is voluntary.

Check One: ☐ Male ☐ Female

Check one of the following:

Race/Ethnic Group: ☐ White ☐ Black ☐ Hispanic  
☐ American Indian/Alaskan Native ☐ Asian/Pacific Islander

Check if any of the following are applicable:

☐ Vietnam Era Veteran ☐ Disabled Veteran ☐ Handicapped Individual

**For Personnel Department Use Only**

Position(s) Applied For Is Open:

☐ Yes   ☐ No

Position(s) Considered For: \_\_\_\_\_

Arrange Interview:   ☐ Yes   ☐ No

Remarks \_\_\_\_\_

Employed:

☐ Yes   ☐ No

Date of Employment \_\_\_\_\_

Job Title \_\_\_\_\_

Hourly Rate/

Salary \_\_\_\_\_

Department \_\_\_\_\_

By \_\_\_\_\_

*Name and Title*

*Date*

**NOTES:**