

EMPLOYMENT APPLICATION

Please complete the entire application.

1. Employer Information

Employer: Wells Technology Incorporated / Wells Academy Incorporated
Address: 4885 Windsor Court NW
City/State/ZIP: Bemidji, Minnesota 56601
Telephone: 218-751-5117
Fax: 218-751-0493

It is the policy of Wells Technology Incorporated to provide equal employment opportunities to all applicants and employees without regard to any legally protected status such as race, color, religion, gender, national origin, age, disability or veteran status.

2. Applicant Information

Applicant Full Name: _____
Home Address: _____
City/State/ZIP: _____
Number of years at this address: _____
Daytime phone: _____ Evening phone: _____
Mobile phone: _____
Social Security Number: _____
Driver's License (State/Number): _____

3. Emergency Contact

Who should be contacted if you are involved in an emergency?

Contact Name: _____
Relationship to you: _____
Address: _____
City/State/ZIP: _____
Daytime phone: _____ Evening phone: _____

4. Job Position Applied For: _____
Full or Part Time? _____

5. Salary/Wage Desired: \$ _____ per _____

6. Who referred you to our company? _____
Do you have any friends or relatives who work here? If yes, please list here:

7. Have you applied to our company previously? _____ Yes _____ No
If yes, when? _____

8. Are you at least 18 years old? _____ Yes _____ No

9. Will you have reliable transportation to work? _____ Yes _____ No
10. Are you willing to work any shift, including nights and weekends? _____ Yes _____ No
If no, please state any limitations:

11. If applicable, are you available to work overtime? _____ Yes _____ No
12. If you are offered employment, when would you be available to begin work?

13. If hired, are you able to submit proof that you are legally eligible for employment in the United States? _____ Yes _____ No
14. Are you able to perform the essential functions of the job position you seek with or without reasonable accommodation? _____ Yes _____ No

15. **Applicant's Skills**

List any skills that may be useful for the job you are seeking. Enter the number of years of experience, and circle the number which corresponds to your ability for each particular skill. (One represents poor ability, while five represents exceptional ability.)

Ability / Skill / Years of Experience Rating

_____ 1 2 3 4 5
_____ 1 2 3 4 5

16. **Applicant Employment History**

List your current or most recent employment first. Please list all jobs (including self-employment and military service) which you have held, beginning with the most recent, and list and explain any gaps in employment. If additional space is needed, continue on the back page of this application.

Employer Name: _____
Supervisor Name: _____
Address: _____
City/State/ZIP: _____
Job Duties: _____
Reason for Leaving: _____
Dates of Employment (Month/Year): _____

Employer Name: _____
Supervisor Name: _____
Address: _____
City/State/ZIP: _____
Job Duties: _____
Reason for Leaving: _____
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Employer Name: _____
Supervisor Name: _____
Address: _____
City/State/ZIP: _____
Job Duties: _____
Reason for Leaving: _____
Dates of Employment (Month/Year): _____

17. **Applicant's Education and Training**

College/University Name and Address

Did you receive a degree? _____ Yes _____ No If yes, degree(s) received: _____

High School/GED Name and Address

Did you receive a degree? _____ Yes _____ No

Other Training (graduate, technical, vocational):

Please indicate any current professional licenses or certifications that you hold:

Awards, Honors, Special Achievements:

18. **References**

List any two non-relatives who would be willing to provide a reference for you.

Name: _____
Address: _____
City/State/ZIP: _____
Telephone: _____
Relationship: _____

Name: _____
Address: _____
City/State/ZIP: _____
Telephone: _____
Relationship: _____

19. Please provide any other information that you believe should be considered, including whether you are bound by any agreement with any current employer:

20. **Employee Photograph & Video Policy**

Wells Technology, Inc. has a policy of taking and using photographs and/or videos of its employees for business purposes. As part of your potential employment, Wells Technology may take your photograph and/or video at any point during the work day. These images are used for promotional purposes, as part of presentations to customers, and for any other related business purposes at Wells Technology's discretion.

Please indicate if you would consent to this policy: _____ YES (or) _____ NO

21. **Pre-Employment Drug Testing Consent & Release of Results**

I hereby consent to submit to urinalysis and/or other tests as shall be determined by WELLS TECHNOLOGY ("the Company") in the selection process of applicants for employment for determining the drug content thereof. I agree that the MedExpress Clinic, in Bemidji, Minnesota, may collect these specimens for these tests and may test them or forward them to a testing laboratory designated by the Company for analysis.

Company will pay all costs of drug and/or alcohol testing with the exception of the cost of any confirmatory retest requested by an employee or job applicant, the cost of which must be paid by the individual requesting the test.

I further agree to and hereby authorize the release of the results of said tests to the Company. I understand that it is the current use of illegal drugs or alcohol that would prohibit me from being employed at this Company.

I further agree to hold harmless the Company and its agents (including the above named clinic or physician/s at above named clinic) from any liability arising in whole or part, out of the collection of specimens, testing, and use of the information from said testing in connection with the Company's consideration of my application of employment.

I further agree that a reproduced copy of this pre-employment consent and release information shall have the same force and effect as the application for employment original.

I have carefully read the foregoing and fully understand its contents. I acknowledge that my signing of this consent and release of results is a voluntary act on my part and that I have not been coerced into signing this document by anyone.

APPLICANT:

Print Name: _____

SSN: _____

Signature: _____

Date: _____

22. Certification

I certify that the information provided on this application is truthful and accurate. I understand that providing false or misleading information will be the basis for rejection of my application, or if employment commences, immediate termination.

I authorize Wells Technology Incorporated to contact former employers and educational organizations regarding my employment and education. I authorize my former employers and educational organizations to fully and freely communicate information regarding my previous employment, attendance, and grades. I authorize those persons designated as references to fully and freely communicate information regarding my previous employment and education.

If an employment relationship is created, I understand that unless I am offered a specific written contract of employment signed on behalf of the organization by its Owner, the employment relationship will be "at-will." In other words, the relationship will be entirely voluntary in nature, and either I or my employer will be able to terminate the employment relationship at any time and without cause. I will have the full and complete discretion to end the employment relationship when I choose and for reasons of my choice. Similarly, my employer will have that right. Moreover, no agent, representative, or employee of Wells Technology Incorporated, except in a specific written contract of employment signed on behalf of the organization by its Owner, has the power to alter or vary the voluntary nature of the employment relationship.

I HAVE CAREFULLY READ THE ABOVE CERTIFICATION AND I UNDERSTAND AND AGREE TO ITS TERMS.

APPLICANT SIGNATURE

DATE

APPLICANT PRINTED NAME