



# Application For Employment

## Weber Industries, Inc.

8417 New Hampshire Ave. | St Louis, MO 63123  
Phone (314) 631-9200 | Fax (314) 631-1804

Email this completed application to  
[accountsreceivable@webtrol.com](mailto:accountsreceivable@webtrol.com)

### Applicant Information

Date: \_\_\_\_\_ Social Security No: \_\_\_\_\_

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

Have you ever used any other names in the past? Yes No If Yes, please list all other names that you have used and the

dates during which you used these names: \_\_\_\_\_

Current Address: \_\_\_\_\_  
Street City State Zip

If you have lived at the above address for less than 12 months, list previous address:

\_\_\_\_\_  
Street City State Zip

Telephone: \_\_\_\_\_ (home) \_\_\_\_\_ (business)

Who should we notify in case of an emergency?

\_\_\_\_\_  
Name Telephone

\_\_\_\_\_  
Street City State Zip

**Weber Industries, Inc.** offers equal employment opportunities to all persons. It avoids discrimination in either the hiring process or employment opportunities on the basis of race, color, creed, ancestry, religion, disability, age, sex, national origin or citizenship, as provided by federal, state, and local laws.

### Job Description

Are you currently employed?      Yes      No      If Yes, may we contact your current employer?      Yes      No

Date you can begin work: \_\_\_\_\_ Position sought: \_\_\_\_\_

Wage rate or salary desired: \$ \_\_\_\_\_ Type of employment desired:      Full-time      Part-time      Temporary

### Legal History

Have you ever been convicted of or pleaded guilty to a misdemeanor or felony (other than a parking violation)?      Yes      No

If yes, please state:

(a) The nature of the offense(s) for which you were convicted or pleaded guilty: \_\_\_\_\_

(b) The date(s) of the conviction(s) or the entering of the plea(s): \_\_\_\_\_

### Driving History

Do you have a driver's license?      Yes      No      What is your means of transportation to work? \_\_\_\_\_

Drivers License Number: \_\_\_\_\_ State of Issuance: \_\_\_\_\_ Expiration Date: \_\_\_\_\_

Type:      Operator      Commercial (CDL)      Chauffeur

Have you had any accidents during the past three years?      Yes      No      If Yes, how many? \_\_\_\_\_

Have you had any moving violations during the past three years?      Yes      No      If Yes, how many? \_\_\_\_\_

### Education

	Name and Location of School	Years Completed	Degree In	Type of Degree
High School				
GED				
College				
Graduate Schooling				
Technical or Other Training				

### Skills

Please use this space to elaborate on any background, experience, or qualifications that you believe should be considered in evaluating your qualifications for employment. You may include hobbies, volunteer experience, and other activities you believe relevant. Please omit any information that would disclose your race, gender, age, marital status, ethnic origin, religious or political affiliations, or disability.

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### Employment History

Have you been employed with **Weber Industries, Inc.** previously?      Yes      No

If yes, please state the dates of your employment: \_\_\_\_\_ Position: \_\_\_\_\_

Reason for leaving: \_\_\_\_\_

List two previous employers for whom you have worked, listing the last employer first. Please explain any lapses between times when employed. (Please provide the same information about any other employments that you have had on additional sheets of paper and attach them to your application form).

#### Employer 1

Company Name:

Address:

Phone:

From:

To:

If still employed, what is the reason you want to leave:

Starting Pay Rate:

\$

Hourly  
Weekly  
Monthly  
Yearly

Positions held, primary duties in each, and effective dates:

Ending Pay Rate:

\$

Hourly  
Weekly  
Monthly  
Yearly

Immediate Supervisor at time of termination:

Reason for Leaving:      Layoff,      Fired,      Quit,      Company Closed.      Explain below:

## Employer 2

Company Name:

Address:

Phone:

From:

To:

If still employed, what is the reason you want to leave:

Starting Pay Rate:

\$

Hourly

Weekly

Monthly

Yearly

Positions held, primary duties in each, and effective dates:

Ending Pay Rate:

\$

Hourly

Weekly

Monthly

Yearly

Immediate Supervisor at time of termination:

Reason for Leaving:      Layoff,      Fired,      Quit,      Company Closed      Explain below:

### Disclaimer and Signature:

Since employment at this Company is based upon mutual agreement, either the employee or Weber Industries, Inc. may terminate employment at any time and for any reason. In consideration of my employment, I accept the rules and regulations of the Company and will obey them. I further acknowledge the Company's right to change either my job assignment or my hours of work, or both. I understand that no supervisor, officer, agent, or representative of Weber Industries, Inc. other than its President, has any authority to enter into any agreement for employment for any period of time, or to make any agreement contrary to the foregoing.

In addition, I understand and agree that this application shall be valid for a period of thirty (30) days. If I wish to be considered after thirty (30) days, I recognize that I must complete a new application for employment.

I grant permission to the Company to investigate my personal, educational, and work histories thoroughly. In addition, I authorize the Company to confirm all information that I have given in connection with my application for employment. I, furthermore, release the Company and its agents from liability for any acts or omissions occurring during either such investigation or confirmation, or both. I further release any one or more individuals, organizations and their agents, educational institutions that I attended and their agents, or my former employers and their agents from any liability for any acts or omissions occurring in its or their responses to the Company's inquiries about me. This release specifically covers the employers and their agents and the educational institutions and their agents that I have identified in my responses to the inquiries made on this application form. I understand and agree that the Company may deny my application for employment or if it has already employed me that the Company may terminate my employment because of information obtained during the Company's investigation or confirmation, or both, of my responses made on my employment application. Upon the termination of my employment with the Company, regardless of when, how, or why my employment ends, and regardless of whether the Company or I terminate my employment, I authorize the Company to release information about my employment history with the Company and release the Company and all its agents from any liability for the disclosure of information about my employment history to either governmental agencies or employers to whom I have applied for a job.

### Certification and Authorization:

I certify that I have given true and complete information in response to each category of information requested. I have also read, understood, and accepted the conditions of employment stated in this application. I further authorize the release of information as stated above. I recognize the Company's right either to revoke any employment offer or to terminate my employment if it ever finds any of my responses written on this application either to falsify or to omit, or both, any information.

Name: \_\_\_\_\_ Date: \_\_\_\_\_ / \_\_\_\_ / \_\_\_\_

Digital Signature if possible: \_\_\_\_\_

Return this completed application to: [accountsreceivable@webtrol.com](mailto:accountsreceivable@webtrol.com)