

# APPLICATION FOR EMPLOYMENT



Date \_\_\_\_\_

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

- 127 Nationwide Drive, Lynchburg, VA 24502-4272
- 6606 West Broad Street, Suite 500, Richmond, VA 23230-1717
- 2550 Huntington Avenue, Suite 310, Alexandria, VA 22303-1410
- 700 Central Parkway, Suite 1475, Atlanta, GA 30328-6055

## PERSONAL DATA

Present Address: \_\_\_\_\_ Telephone: \_\_\_\_\_  
*Street City State Zip Code Area Code + Number*

Permanent Address: \_\_\_\_\_ Telephone: \_\_\_\_\_  
*Street City State Zip Code Area Code + Number*

E-Mail Address: \_\_\_\_\_ Mobile No.: \_\_\_\_\_  
*Area Code + Number*

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

Salary Requirement: \_\_\_\_\_ Date Available: \_\_\_\_\_

Employment Arrangement:  Regular  Part-Time  Temporary  Summer

Will You Work Overtime?  Yes  No Do You Mind Moderate Travel?  Yes  No

By whom were you referred to us? \_\_\_\_\_

Were you ever employed by this company before?  Yes  No Location: \_\_\_\_\_ Dates: From \_\_\_\_\_ To \_\_\_\_\_

If yes, reason for leaving? \_\_\_\_\_

Are you at least 18 years old?  Yes  No Can you provide proof that you are eligible to work in the U.S.?  Yes  No

Skills or training obtained during Military Service: \_\_\_\_\_

Have you ever been convicted of a felony?  Yes  No

If yes, explain: \_\_\_\_\_  
*(Note: Conviction is not an automatic disqualifier.)*

In case of emergency, notify: Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_

**FEDERAL LAW PROHIBITS DISCRIMINATION IN EMPLOYMENT BECAUSE OF RACE, COLOR, RELIGION, AGE, SEX, NATIONAL ORIGIN, OR DISABILITY.**

## EDUCATION AND QUALIFICATIONS

	Name of School	Location	Major / Degree	Circle Last Year Completed				Graduated		GPA					
				1	2	3	4	Yes	No						
High School				1	2	3	4								
College				1	2	3	4	5	6	7	8	9			
Graduate School or Other				1	2	3	4								
College Extra Curricular Activities															
Honoraries – Offices Held															
Professional Registration Certifications: State _____ State Registration No. _____ State _____ State Registration No. _____															
List Memberships in Professional and Trade Organizations, Etc.															
Further Information on Experience and Ability ( <i>anything you may wish to share</i> )															

## EMPLOYMENT HISTORY

(PLEASE INCLUDE A COPY OF YOUR PERSONAL RESUME UPON SUBMITTING THIS APPLICATION.)

Current or Last Employer First	Dates	Job Title/Duties	Supervisor's Name/ Reason for Leaving
Name Address	From To		
Name Address	From To		
Name Address	From To		
Name Address	From To		
Name Address	From To		

If currently employed, may we contact your present employer?

Yes

No

May we contact you at your present office?

Yes

No

Work Telephone: \_\_\_\_\_

Do you have any commitments to another employer or organization which might affect your employment with us?

Yes

No

## READ BEFORE SIGNING

I certify that the entries on this form are true, complete, and accurate. I acknowledge that falsification or omission of information may result in immediate dismissal or retraction of any offer of employment. By signing below, I grant permission for Wiley|Wilson to conduct a background investigation. If offered employment, I agree to take a pre-placement drug screen at company expense. I understand that Wiley|Wilson is an at-will employer and that either I or Wiley|Wilson can terminate the employment relationship at any time, with or without cause or notice. This at-will employment relationship exists regardless of any other written or verbal statements to the contrary.

Signature \_\_\_\_\_

Date \_\_\_\_\_

# VOLUNTARY EQUAL EMPLOYMENT OPPORTUNITY (EEO) SELF DISCLOSURE

Wiley|Wilson is required to compile information on applicants pertaining to factors such as race, sex, veteran status, and type of position applied for. The data is used solely in connection with our affirmative action obligations. The information is submitted on a voluntary basis and kept confidential. It will not be used in the employment decisions made by Wiley|Wilson nor will it become part of any personnel file. Wiley|Wilson appreciates your help in our efforts to ensure a non-discriminatory workplace by filling out this self disclosure form.

Name: \_\_\_\_\_ Date: \_\_\_\_\_  
Last Name First Name MI MM / DD / YYYY

Position Applied For: \_\_\_\_\_

## Race/Ethnicity: (Select One)

**Hispanic or Latino**  
A person of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin regardless of race.

**If you did not check "Hispanic or Latino" above, please select one of the following:**

**White (Not Hispanic or Latino)**  
A person having origins in any of the original peoples of Europe, the Middle East, or North Africa.

**Black or African American (Not Hispanic or Latino)**  
A person having origins in any of the black racial groups of Africa.

**American Indian or Alaska Native (Not Hispanic or Latino)**  
A person having origins in any of the original peoples of North or South America (including Central America), and who maintain tribal affiliation or community attachment.

**Asian (Not Hispanic or Latino)**  
A person having origins in any of the original peoples of the Far East, Southeast Asia, or the Indian Subcontinent, including, for example, Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand, and Vietnam.

**Native Hawaiian or Other Pacific Islander (Not Hispanic or Latino)**  
A person having origins in any of the peoples of Hawaii, Guam, Samoa, or other Pacific Islands.

**Two or More Races (Not Hispanic or Latino)**  
All persons who identify with more than one of the above five races.

**I Do Not Wish to Disclose My Race or Ethnicity**

**The provision of this information is on a voluntary basis and will be maintained in a separate location for affirmative action program use and will not be included in the personnel file of any employee.**

## *For Human Resources Department Use Only*

### EEO Classification: (Select One)

Executive/Senior Level  
Officials and Managers

Professionals

Laborers

First/Mid Level Officials  
and Managers

Technicians

Administrative Support

### Applicant added to AAP applicant Flow Log and Time Track:

Prospective Employer Initials: \_\_\_\_\_ Date: \_\_\_\_\_  
MM / DD / YYYY

## **Instructions**

After you have completed the Employment Application form, please click the "Submit" button below. This will open a new e-mail message addressed to [careers@wileywilson.com](mailto:careers@wileywilson.com) with your employment application data as an attachment. If you have a resume or other supporting documents you may also attach these concurrently to the e-mail.

Thank you for your interest in Wiley|Wilson.