Rev. 10/01/2019



FENTON, MO (636) 343-5400 SHILOH, IL (618) 624-5400 WILKEWINDOW.COM







FENTON, MO (636) 343-8100 FENTON, MO (636) 724-7979 SHILOH, IL (618) 624-1200 SHILOH, IL (618) 632-3500

Divisions of Wilke Window & Door, Inc.

## **APPLICATION FORM**

1.	Position Desired:	Date:				
2.	Name:					
	Last	First		Middle		(Maiden Name)
3.	Home Address: Street	City		State	<u>;</u>	Zip Code
4.	Email Address:					
5.	Phone #:		_ Social Sec	urity #:		
6.	Driver's License #:		State:	Class:	Ехр Г	Date:
7.	Is there any reason you know why you duties? Yes No	_		-	•	
8.	Any objection to Saturday work?		Yes	No		
9.	Any objection to travel, if required by	job?	Yes	No		
10	. Any objection to working overtime?		Yes	No		
11	. Reason for leaving last job:					
12	. If hired, could you give written eviden	ce of a	right to work	in this country	? Yes	No
13	. Have you ever been convicted of a crim	me oth	er than a traffi	ic offense*?	Yes	No
	If yes, how long ago?(*Applicant is not obligated to disclose exp	ounged	or sealed recor	rds of conviction	s.)	
14	I hereby authorize Wilke Window & I references to obtain any and all inform Yes No Initia	ation r	related to my p		•	vell as business
15	I hereby acknowledge that all informated I also understand any deliberate omiss refusal of, or if employed, termination	ion of t	the facts or fa			
		Appli	cant's Signatu	ıre		Date

## **EDUCATION**

School	# of Years Attended	Name of School	City	Course	Did You Graduate?
Grammar					
High School					
College					
Other					

## **EXPERIENCE**

Name & Address of Company	Date From/To	List Your Duties	Reason For Leaving

## **BUSINESS REFERENCES**

Name	Address	Phone Number	Occupation