



**ENGINEERING > SURVEYING > PLANNING**

## Application for Employment

Please print clearly in ink. William H. Smith and Associates, Inc. Surveying Consultants (WHS) considers all applicants for employment without regard to race, color, religion, gender, sexual orientation, national origin, age, disability, gender identity and expression, marital or military status, or based on any individual's status in any group or class protected by applicable federal, state, or local law. WHS also provides reasonable accommodations to qualified individuals with disabilities in accordance with the Americans with Disabilities Act and applicable state and local law. If you require an accommodation in the application process, please advise WHS Management.

### Applicant Data

FULL NAME:

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

CURRENT ADDRESS:

\_\_\_\_\_  
Street and Number

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

PREVIOUS ADDRESS:

\_\_\_\_\_  
Street and Number

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

HOME PHONE: \_\_\_\_\_ CELL PHONE: \_\_\_\_\_ EMAIL: \_\_\_\_\_

PREFERRED METHOD OF CONTACT: \_\_\_\_\_

BEST DAY(S) AND TIME(S) TO REACH YOU:

Monday	Tuesday	Wednesday	Thursday	Friday



William H. Smith and Associates, Inc. Engineering, Surveying and Planning

Applicant Data cont.

Position Sought: \_\_\_\_\_ Date Available for Work: \_\_\_\_\_

Type of Work Sought (check all that apply):  Full-Time  Part-Time  Temporary

Have you previously applied for a position at WHS?  Yes  No

If yes, date applied and position applied for: \_\_\_\_\_

How did you hear about us?

- Employee Referral - Referrer: \_\_\_\_\_  WHS Website
 Job Board - Please Specify: \_\_\_\_\_  College/University - Please Specify: \_\_\_\_\_
 Newspaper Ad - Please Specify: \_\_\_\_\_  Other - Please Specify: \_\_\_\_\_

DESIRED WAGE/SALARY\*: \_\_\_\_\_

\*Note: Applicants who fail to provide desired wage information will not be considered.

- Are you willing to relocate, if necessary?  Yes  No
Are you willing to travel, if necessary?  Yes  No

Are you a U.S. citizen, or are you otherwise authorized to work in the U.S. without restriction?
 Yes  No

Have you been convicted of a felony in the past seven (7) years\*?  Yes  No

\*In answering this question, you are not obligated to disclose any convictions that have been sealed, annulled, expunged, dismissed, erased, impounded, cleared, vacated, or officially pardoned.

If yes, please describe circumstances: \_\_\_\_\_

Have you ever been involuntarily terminated or asked to resign from any position of employment?  Yes  No

If yes, please describe circumstances: \_\_\_\_\_

If selected for employment, are you willing to submit to background screening, including a pre- employment drug screening test?  Yes  No

If selected for employment, are you willing to submit to random drug screening?  Yes  No

Do you have a current and valid driver's license?  Yes  No

If yes, in which states and Class of license: \_\_\_\_\_

Has your driver's license ever been revoked or suspended?  Yes  No

If yes, please provide reason and dates: \_\_\_\_\_



## Education and Certifications

Highest Degree Obtained: \_\_\_\_\_

May we contact institutions you attended to verify the above information?

Yes  No

Please list all of the educational institutions you have attended beginning with the most recent, whether a degree was completed or not.

*Institution*

School Name:	
Degree Sought:	Was Degree Obtained? <input type="checkbox"/> Yes <input type="checkbox"/> No
Major:	If yes, date received: ____ / ____ / ____
Dates Attended: ____ / ____ / ____ - ____ / ____ / ____	

## Skills & Qualifications

Please Check All That Apply:

- |  |  |  |
|--|--|--|
| <input type="checkbox"/> Microsoft Word                        | <input type="checkbox"/> Software <i>Other</i> _____ | <input type="checkbox"/> LSIT            |
| <input type="checkbox"/> Microsoft Outlook                     | <input type="checkbox"/> Accounts Payable            | <input type="checkbox"/> Party Chief     |
| <input type="checkbox"/> Microsoft Power Point                 | <input type="checkbox"/> Accounts Receivable         | <input type="checkbox"/> Survey Tech     |
| <input type="checkbox"/> Microsoft Excel                       | <input type="checkbox"/> Administrative              | <input type="checkbox"/> Helper          |
| <input type="checkbox"/> Quick Books                           | <input type="checkbox"/> Book Keeping                | <input type="checkbox"/> Design Manager  |
| <input type="checkbox"/> AutoCAD Civil 3D <i>Version</i> _____ | <input type="checkbox"/> Engineer                    | <input type="checkbox"/> Draftsperson    |
| <input type="checkbox"/> AutoCAD <i>Other</i> _____            | <input type="checkbox"/> EIT                         | <input type="checkbox"/> Office Manager  |
| <input type="checkbox"/> Carlson <i>Version</i> _____          | <input type="checkbox"/> PLS                         | <input type="checkbox"/> Project Manager |

Please list any additional skills, qualifications, or experience which you feel is relevant to the position you are applying for:



## Professional References

Please provide names, work relationships, email addresses (if available) and telephone numbers for at least three supervisors/managers or other professional references that are not related to you whom we may contact:

Reference 1:

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Full Name	Title	Relation to Applicant	Phone	Email
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Reference 2:

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Full Name	Title	Relation to Applicant	Phone	Email
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Reference 3:

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Full Name	Title	Relation to Applicant	Phone	Email
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## Acknowledgement and Authorization Form

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.

This application for employment shall be considered active for a period of time not to exceed 45 days. Any applicant wishing to be considered for employment beyond this time period should inquire as to whether or not applications are being accepted at that time.

I hereby understand and acknowledge that, unless otherwise defined by applicable law, any employment relationship with this organization is of an “at will” nature, which means that the Employee may resign at any time and the Employer may discharge Employee at any time with or without cause. It is further understood that this “at will” employment relationship may not be changed by any written document or by conduct unless such change is specifically acknowledged in writing by an authorized executive of this organization.

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 employer.

Applicant’s Full Name: \_\_\_\_\_

Applicant’s Signature: \_\_\_\_\_

Dated: \_\_\_\_\_