



WEYCO, INC.
EMPLOYMENT APPLICATION

To the Applicant: We appreciate your interest in Weyco and assure you that we are interested in your qualifications. A clear understanding of your background and work history will aid us in seeking to place you in a position that, in our judgment, best meets your qualifications. We are an equal opportunity employer and will not unlawfully discriminate on the basis of race, color, sex, religion, national origin, age, height, weight, and marital or veteran status, the presence of a medical condition or handicap or any other protected status. Under Michigan law, disabled employees and applicants may request an accommodation of their disability by notifying the firm in writing of the need for accommodation within 182 days of the date the disabled individual knows or should know that an accommodation is needed.

Date of Application _____

PERSONAL

Name _____
(Last) (First) (Middle)

Address _____
(Number) (Street) (City) (State) (Zip Code)

Social Security Number _____ Telephone Number _____

Are you 18 years or older? Yes No Are you legally eligible for employment in the U.S.? Yes No

Have you ever worked or attended school under another name? If so, what name(s)?

DRUG, ALCOHOL AND TOBACCO FREE WORKPLACE POLICY

Weyco has a policy to only hire non-tobacco users and conduct post-offer, pre-employment drug and tobacco testing. Consideration for employment is dependent upon your current non-tobacco user status and your willingness to confirm this status by submitting to a post-offer, pre-employment tobacco and drug test. Please note that all employees are required to adhere to all Weyco policies including our Drug, Alcohol and Tobacco Free Workplace Policy, which requires submission to drug, alcohol and tobacco testing.

Are you a non-tobacco user? Yes No

Are you willing to adhere to the Drug, Alcohol and Tobacco Free Workplace Policy including the submission to a post-offer, pre-employment tobacco and drug test? Therefore I give Weyco my consent to conduct urine or breath testing of its choice. Yes No

EMPLOYMENT DESIRED

Position(s) applied for _____

Full time Part time Other _____

Do you have any related experience, qualifications, skills, or special training? _____

Date you can start _____ Salary desired _____

ADDITIONAL INFORMATION

Have you ever worked at this company before? Yes No If yes, date and reason for leaving _____

Who was your manager/supervisor? _____

Have you ever before filled out an employment application with this company? Yes No

If yes, date(s). _____

List any relative or friends working here. _____

Have you ever served in the Armed Forces of the United States, National Guard or Reserves? Yes No

If yes, what branch? _____ Date of discharge _____ Rank at discharge _____

Special/technical military training _____

Have you ever been convicted of a crime? Yes No A criminal conviction will not automatically disqualify you. We will consider seriousness and relevance of the violation and the age and time of the offense.

If so, where, when and the nature of the offense _____

If you wish, you may list professional, trade, business or civic activities and offices you have held. (Do not list groups, the name or character of which indicates race, color, sex, religion, national origin, height, weight, and marital or veteran status).

Provide any additional information that may be helpful to us in considering your application. _____

EDUCATION

	Name/City/Location	Courses of Study	Years Completed	Diploma/ Degree
High School				
College				
Graduate				
Vocational/Other				

PRIOR EMPLOYMENT (List all prior jobs, **starting with the most recent.** Use additional sheets if necessary.)

1. Employer _____

Address _____ Phone Number _____

Supervisor _____ Final Salary/Hourly Rate _____

Job Title/Work Performed _____

Dates Worked (To/From) _____ Reason for Leaving _____

2. Employer _____
Address _____ Phone Number _____
Supervisor _____ Final Salary/Hourly Rate _____
Job Title/Work Performed _____

Dates Worked (To/From) _____ Reason for Leaving _____

3. Employer _____
Address _____ Phone Number _____
Supervisor _____ Final Salary/Hourly Rate _____
Job Title/Work Performed _____

Dates Worked (To/From) _____ Reason for Leaving _____

4. Employer _____
Address _____ Phone Number _____
Supervisor _____ Final Salary/Hourly Rate _____
Job Title/Work Performed _____

Dates Worked (To/From) _____ Reason for Leaving _____

5. Employer _____
Address _____ Phone Number _____
Supervisor _____ Final Salary/Hourly Rate _____
Job Title/Work Performed _____

Dates Worked (To/From) _____ Reason for Leaving _____

REFERENCES (Professional/work related references only - Do not list relatives)

	Name	Company name and address	Phone #	What was your professional relationship	Years Known
1					
2					
3					
4					

UNDERSTANDINGS AND AUTHORIZATIONS

I agree and certify that (initial each line):

- _____ 1. All of the information given in this application or later provided by me in support of my application is true and complete. I agree that any false information in support of my employment application may subject me to discharge at any time during my employment. I authorize you to verify any of the information concerning my employment, education, credit or other history with the appropriate individuals, companies institutions, or agencies, and I authorize them to release such information as you require including my prior disciplinary and employment records, without any obligation to give me written notice of such disclosure. I also authorize you to release any information requested by any of my prospective or subsequent employers without any obligation to give me written notice of such a disclosure. I hereby release you and them from all liability whatsoever as a result of any such inquiries or disclosures.

- _____ 2. If employment is offered to me, I agree that such employment is at will. I agree that either I, or the company, may terminate the employment relationship, with or without notice, with or without cause, at any time, and I further agree that this arrangement may only be changed in a writing directed to me and signed by the president of the company.

- _____ 3. I agree that I shall be bound by other policies, rules, regulations and terms and conditions of employment of the company as they may exist from time to time and I further recognize the right of the company to change its policies, rules, regulations and terms and conditions of employment. I agree that no additional obligations can be imposed on the company except those which have been acknowledged in writing and signed by the president or his/her authorized representatives. I hereby authorize the company to deduct from each and every pay period any amounts necessary to offset damages caused by me or the value of the property or money entrusted to me by, or owed by me to the company during the course of my employment.

- _____ 4. I agree that any lawsuit or action against the company or its officers or employees arising out of my employment or termination of my employment, including, but not limited to, claims arising under state or federal civil rights statutes, must be brought within 180 days of the event giving rise to the claim, or be forever barred. I waive any limitation periods to the contrary.

- _____ 5. I agree to participate in post offer, pre-employment tobacco testing and post employment random tobacco testing.

Dated: _____

Signature: _____