



Date: _____

WS Live provides equal opportunity in employment for all employees and applicants based on qualifications, regardless of race, color, religion, age, sex, national origin, disability, pregnancy or childbirth, veteran status, marital status, or any other basis prohibited by applicable federal, state, or local laws and regulations.

PERSONAL INFORMATION

Name: _____
Last First Middle

Address: _____
Street City State Zip

Phone #: () _____ Email Address: _____

Are you known by another name? Yes No If Yes, other name: _____

Have you ever worked for WS Live? Yes No If Yes, provide dates: _____ / _____ - _____ / _____
Month Year Month Year

Are you eligible to work in the U.S.? Yes No

Have you ever been convicted of a felony or misdemeanor? Yes No
If yes, provide details below; attach additional sheet if necessary. All sections MUST be completed. Information will be verified, and any omissions may exclude you from further consideration.

_____	_____	_____	<input type="checkbox"/> Felony <input type="checkbox"/> Misdemeanor
Offense	Date	Location (State & County)	
_____	_____	_____	<input type="checkbox"/> Felony <input type="checkbox"/> Misdemeanor
Offense	Date	Location (State & County)	
_____	_____	_____	<input type="checkbox"/> Felony <input type="checkbox"/> Misdemeanor
Offense	Date	Location (State & County)	

*A conviction will not necessarily disqualify you from employment.
Information will be reviewed for job relatedness to determine suitability for employment.*

REFERRAL SOURCE

- Current Employee(s)—list name(s) _____
- Newspaper _____ Job Service Internet _____
- Friend/Relative Other—please list _____

JOB INTEREST

Full-time Call Center Agent Part-time Call Center Agent Other _____

If offered a position, how much notice do you need prior to starting employment? _____

List days and hours you are available Monday-Friday: _____

List days and hours you are available Saturday-Sunday: _____

Are you able to work additional hours, if required? Yes No

Are you able to travel, if required? Yes No

EDUCATION, SKILLS & ABILITIES

Name of high school attended: _____ Highest grade completed: _____

Did you graduate? Yes No Did you receive your GED? Yes No

Are you currently a student? Yes, high school Yes, college No

College(s), university(s), or technical school(s) you have attended:

_____ Did you graduate? Yes No
College/University Major

_____ Did you graduate? Yes No
College/University Major

If No, expected date of graduation: _____

List any seminars, conferences, in-service training, or continuing education courses you have attended which are relevant to the position you are seeking: _____

Do you have experience in any of the following computer programs? (Indicate all that apply and check level of proficiency.)

	Beginner	Intermediate	Expert
_____ MS Word	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
_____ MS Excel	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
_____ E-mail	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
_____ Internet	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
_____ Chat (IM)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
_____ Other - please list _____			

List all computer courses you've completed: _____

How often do you use a computer? Daily Weekly Monthly Rarely Never

Do you have keyboarding/typing experience? Yes No

Are you fluent or semi-fluent in any languages other than English? Yes No If Yes, list: _____

List any other skills or abilities that you feel qualify you for this position:

Do you believe you would be able to successfully perform all the essential functions of the position that you are applying for, with or without reasonable accommodation? Yes No

If No, describe specific limitations: _____

EMPLOYMENT HISTORY

List most recent position held first. Resumes may only be used to supplement this application, not as a substitute for completing it.

1. Business Name: _____ Address: _____

Hire Date: _____ / _____ / _____ Separation Date: _____ / _____ / _____
Month Day Year Month Day Year

Type of Employment: FT PT Average hours worked per week: _____

Starting Pay: \$ _____ Current/Ending Pay: \$ _____ Did you earn bonus/commission? Yes No

Job Title: _____ Job Duties: _____

If no longer employed, why did your employment end? Voluntary Resignation Termination

Reason for resignation or termination: _____

If currently employed, reason for seeking other employment: _____

2. Business Name: _____ Address: _____

Hire Date: _____ / _____ / _____ Separation Date: _____ / _____ / _____
Month Day Year Month Day Year

Type of Employment: FT PT Average hours worked per week: _____

Starting Pay: \$ _____ Current/Ending Pay: \$ _____ Did you earn bonus/commission? Yes No

Job Title: _____ Job Duties: _____

If no longer employed, why did your employment end? Voluntary Resignation Termination

Reason for resignation or termination: _____

If currently employed, reason for seeking other employment: _____

3. Business Name: _____ Address: _____

Hire Date: _____ / _____ / _____ Separation Date: _____ / _____ / _____
Month Day Year Month Day Year

Type of Employment: FT PT Average hours worked per week: _____

Starting Pay: \$ _____ Current/Ending Pay: \$ _____ Did you earn bonus/commission? Yes No

Job Title: _____ Job Duties: _____

If no longer employed, why did your employment end? Voluntary Resignation Termination

Reason for resignation or termination: _____

If currently employed, reason for seeking other employment: _____

4. Business Name: _____ Address: _____

Hire Date: _____ / _____ / _____ Separation Date: _____ / _____ / _____
Month Day Year Month Day Year

Type of Employment: FT PT Average hours worked per week: _____

Starting Pay: \$ _____ Current/Ending Pay: \$ _____ Did you earn bonus/commission? Yes No

Job Title: _____ Job Duties: _____

If no longer employed, why did your employment end? Voluntary Resignation Termination

Reason for resignation or termination: _____

If currently employed, reason for seeking other employment: _____

REFERENCES

May we contact all of the employers listed in the employment history section regarding your past employment?

Yes No If No, list those not to be contacted: _____

List three people familiar with your current abilities that we may contact for reference. Do not list relatives.

1. Name: _____ Address: _____

How do you know this person? _____ Years known: _____ Phone #: _() _____
City State

2. Name: _____ Address: _____

How do you know this person? _____ Years known: _____ Phone #: _() _____
City State

3. Name: _____ Address: _____

How do you know this person? _____ Years known: _____ Phone #: _() _____
City State

CERTIFICATION

I certify that all information given on this application is true and complete to the best of my knowledge and belief. I understand that any false statements or omission of facts is sufficient reason to exclude me from further consideration. I also understand that any false statements or omission of facts will be sufficient reason to terminate my employment. I further authorize WS Live to make all necessary and appropriate investigations to verify the information contained in this application and to release from all liability or responsibility all persons, companies, corporations, or schools supplying information.

I understand and agree that at no time, whether I am a past or present employee of WS Live will any information regarding the company's customers/clients be revealed to anyone other than those authorized to receive such information. I also understand that giving of information concerning a customer/client to those not authorized to receive such information shall be sufficient cause for my immediate dismissal. I understand that if employed, my employment is not for a definite period and that I can be terminated at any time, for any reason. This understanding cannot be changed except in writing by an authorized company official. I understand that my name, address, telephone number and other personal information may be provided to regulatory agencies as required. Lastly, I understand that my application will be kept on file for one year.

Applicant Signature: _____ Date: _____