



Thank you for your interest in Wilson Language Training.

Please complete the following employment application and send via email or mail along with a letter of interest and resume to:

Wilson Language Training Corp.
Attn: Human Resources
47 Old Webster Road Oxford, MA 01540

Fax: 508-368-2391
Email: HRDept@wilsonlanguage.com

A PERSONAL INFORMATION

NAME	HOME PHONE
ADDRESS	CELL PHONE
TOWN / CITY	FAX
STATE	ZIP
	EMAIL

B EMPLOYMENT DESIRED

POSITION APPLIED FOR	DATE AVAILABLE FOR WORK
HOW DID YOU HEAR ABOUT THIS POSITION?	DESIRED HOURS (FULL-TIME, PART-TIME, ETC.)

C EMPLOYMENT INTENTION

DO YOU INTEND TO MAINTAIN EMPLOYMENT WITH ANOTHER COMPANY OR INSTITUTION IF EMPLOYED BY WILSON LANGUAGE TRAINING CORP.? YES NO

IF YOU RESPONDED "YES", PLEASE INDICATE THE FULL NAME OF THE COMPANY OR INSTITUTION:

ARE YOU CURRENTLY UNDER ANY AGREEMENT, INCLUDING A NON-DISCLOSURE OR NON-COMPETE AGREEMENT OR EMPLOYER CODE OF CONDUCT THAT WOULD PREVENT YOU FROM ACCEPTING EMPLOYMENT WITH WILSON LANGUAGE TRAINING CORP.? YES NO

IF YOU RESPONDED "YES", PLEASE INDICATE THE FULL NAME OF THE COMPANY OR INSTITUTION:

D EDUCATION

	NAME AND ADDRESS OF SCHOOL	COURSE OF STUDY	GRADUATED? Y/N	DEGREE / DIPLOMA
HIGH SCHOOL				
UNDERGRADUATE COLLEGE				
GRADUATE / PROFESSIONAL				
OTHER				

LIST ANY SEMINARS, CLASSES, SKILLS, CERTIFICATIONS, OR OTHER EDUCATION NOT LISTED (IF YOU NEED ADDITIONAL SPACE, PLEASE USE PAGE 6):

DO YOU HAVE ANY WILSON CERTIFICATION(S)? IF SO, PLEASE LIST THEM.

APPLICATION DATE

APPLICANT NAME

E EMPLOYMENT HISTORY - COMPLETE THIS SECTION EVEN IF ATTACHING A RESUME

LIST BELOW ALL PRESENT AND PAST EMPLOYERS OVER THE PAST TEN YEARS, STARTING WITH YOUR MOST RECENT EMPLOYER. ACCOUNT FOR ALL PERIODS OF UNEMPLOYMENT.

EMPLOYER (CURRENT <input type="checkbox"/> YES <input type="checkbox"/> NO)	START DATE	END DATE	ESSENTIAL JOB FUNCTIONS OF FINAL POSITION
ADDRESS			1.
CITY, STATE, ZIP	SUPERVISOR(S)		2.
PHONE NUMBER			3.
JOB POSITION(S)			4.
REASON(S) FOR LEAVING			

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ADDRESS			1.
CITY, STATE, ZIP	SUPERVISOR(S)		2.
PHONE NUMBER			3.
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JOB POSITION(S)			4.
REASON(S) FOR LEAVING			

APPLICATION DATE

APPLICANT NAME

E EMPLOYMENT HISTORY (CONTINUED)

EMPLOYER	START DATE	END DATE	ESSENTIAL JOB FUNCTIONS OF FINAL POSITION
ADDRESS			1.
CITY, STATE, ZIP	SUPERVISOR(S)		2.
PHONE NUMBER			3.
JOB POSITION(S)			4.
REASON(S) FOR LEAVING			

EMPLOYER	START DATE	END DATE	ESSENTIAL JOB FUNCTIONS OF FINAL POSITION
ADDRESS			1.
CITY, STATE, ZIP	SUPERVISOR(S)		2.
PHONE NUMBER			3.
JOB POSITION(S)			4.
REASON(S) FOR LEAVING			

F ADDITIONAL INFORMATION

LIST ANY PROFESSIONAL, VOLUNTEER, TRADE, BUSINESS OR CIVIC ACTIVITIES AND OFFICES HELD. YOU MAY EXCLUDE MEMBERSHIP THAT WOULD REVEAL GENDER, RACE, RELIGION, NATIONAL ORIGIN, ANCESTRY, AGE, DISABILITY OR ANY OTHER PROTECTED STATUS.

APPLICATION DATE

APPLICANT NAME

F ADDITIONAL INFORMATION (CONTINUED)

YES NO Have you ever been employed with Wilson Language Training before? If yes, when?

YES NO Do you have any friends or relatives employed by Wilson Language Training? If yes, please provide their names and relationship to you:

YES NO Are you currently employed?

YES NO Are you currently on "lay off" status and subject to recall?

YES NO Are you over 18 years of age?

YES NO If hired, do you have a reliable means of transportation to and from work?

YES NO If hired, would you be able to travel or work overtime as needed?

APPLICATION DATE

APPLICANT NAME

G POLICY STATEMENTS

PLEASE READ EACH STATEMENT CLOSELY AND INITIAL EACH ACKNOWLEDGING YOUR UNDERSTANDING

_____ **Equal Employment Opportunity Statement**

WLT is an equal opportunity employer. We strive to offer a workplace free of sexual harassment and discrimination due to race, religion, color, national origin, disability, sexual orientation, genetic information, age or any other status protected by law.

_____ **Discrimination and Sexual Harassment Policy Statement**

WLT will not tolerate any form of unlawful discrimination, including sexual harassment. Any employee who engages in unlawful discrimination or sexual harassment will be subject to appropriate discipline, up to and including termination.

_____ **At-Will Employment**

Employment will be "at will", which means that WLT may terminate employment at any time, with or without cause and with or without notice.

_____ **Lie detector test**

It is unlawful in Massachusetts for an employer to require or administer a lie detector test as a condition of employment or continue employment. An employer who violates this law shall be subject to penalties and civil liabilities.

_____ **Verify Identity and Eligibility**

In compliance with federal law, all persons hired by WLT will be required to verify identity and eligibility to work in the US. WLT participates in the E-Verify Employment Verification Program.

_____ **Verify Information**

Unless otherwise noted, I authorize WLT to investigate and/or verify all information on this application, including contacting all persons, schools, current employer, previous employers and other individuals and entities named herein or on my resume.

_____ **Release Information**

I authorize my former employers and others named on this application to release information pertaining to my work record and performance. In doing so, I hereby release them and WLT from liability which may flow from the release of such information.

_____ **Confidentiality and Non-Disclosure Agreement**

I understand that if I am offered a position, such offer will be subject to my signing WLT's Confidentiality and Non-Disclosure Agreement.

_____ **Acceptance of the Application**

I understand and agree that the acceptance of the application does not mean that a position for which I have applied is available or that WLT has agreed to hire me.

_____ **Withheld Information & Misstatements**

I have not withheld material information that might impact my suitability. I attest my answers are true and accurate to the best of my ability. I understand that material omission or misstatement are grounds for rejection or if employed, termination.

I HAVE READ AND UNDERSTAND THE ABOVE POLICY STATEMENTS AND AGREE TO BE BOUND BY THEM IF EMPLOYED BY WILSON LANGUAGE TRAINING CORPORATION.

SIGNATURE (PLEASE SIGN YOUR FULL NAME)*

DATE

*Electronic Signature Agreement: By typing your name above, you are signing this application electronically. You agree that your electronic signature is the legal equivalent of your manual signature on this application, and you consent to be legally bound by its terms and conditions.

APPLICATION DATE

APPLICANT NAME

H **ADDITIONAL SPACE**

ADDITIONAL SPACE PROVIDED TO EXPAND ON ANY POINTS OR QUESTIONS ASKED PREVIOUSLY IN THIS APPLICATION

Area with horizontal dotted lines for writing.

PLEASE USE ADDITIONAL PAPER IF NECESSARY

APPLICATION DATE

APPLICANT NAME

I INVITATION TO EMPLOYEES TO SELF-IDENTIFY FOR EEO-1 REPORT

EFFECTIVE BEGINNING WITH THE 2007 EEO-1 REPORT

This employer may be subject to certain governmental record keeping and reporting requirements for the administration of civil rights laws and regulations. In order to comply with these laws, the employer invites employees and applicants to voluntarily self-identify their race and ethnicity. **Submission of this information is voluntary and refusal to provide it will not subject you to any adverse treatment.** The information will be kept confidential and will only be used in accordance with the provisions of applicable laws, executive orders and regulations, including those that require the information to be summarized and reported to the federal government for civil rights enforcement. When reported, data will not identify any specific individual. This page will be separated from the application prior to sharing with the hiring manager.

NAME:

DATE:

POSITION:

GENDER: MALE FEMALE

SIGNATURE

RACE/ETHNIC BACKGROUND

Are you Hispanic or Latino? (A person of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin, regardless of race.) Yes No

If you answered **No** to the previous question, please choose **ONE** of the categories below.

If you answered **Yes** to the previous question, please **leave the boxes below blank**.

White – A person having origins in any of the original peoples of Europe, the Middle East, or North Africa

Black or African American – A person having origins in any of the Black racial groups of Africa.

Native Hawaiian or Other Pacific Islander – A person having origins in any of the original peoples of Hawaii, Guam, Samoa, or other Pacific Islands.

Asian – 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.

American Indian or Alaska Native – A person having origins in any of the original peoples of North and South America (including Central America), and who maintains tribal affiliation or community attachment.

Two or More Races – All persons who identify with more than one of the above five races.