



An Equal Opportunity Employer  
A Drug-Free Company

## EMPLOYMENT APPLICATION

Date \_\_\_\_\_

### Applicant Information

Last Name \_\_\_\_\_ First Name \_\_\_\_\_ M.I. \_\_\_\_\_

Address \_\_\_\_\_

Phone Number \_\_\_\_\_ Alternate Phone Number \_\_\_\_\_

### Position

Position applying for \_\_\_\_\_

Employment desired    Full Time \_\_\_    Part Time \_\_\_    Date willing to start \_\_\_\_\_

Wage desired \_\_\_\_\_    Are you currently employed?    Yes \_\_\_    No \_\_\_

Welding Certifications \_\_\_\_\_

Special Training/Skills \_\_\_\_\_

Do you have a **CDL**?    Yes \_\_\_    No \_\_\_

Have you been convicted of a felony within the last 5 years? Yes \_\_\_ No \_\_\_

If yes, explain (will not necessarily exclude you from consideration) \_\_\_\_\_

**References**

List the names of three persons you are *not* related to, whom you have known at least one year.

Name	Relationship	Years Known	Phone Number
1. _____	_____	_____	_____
2. _____	_____	_____	_____
3. _____	_____	_____	_____

**Education**

High School \_\_\_\_\_ Did you graduate? Yes \_\_\_ No \_\_\_

College \_\_\_\_\_ Number of years attended \_\_\_\_\_

Trade School \_\_\_\_\_

**Former Employers**

Company Name \_\_\_\_\_

Address \_\_\_\_\_

Supervisor Name \_\_\_\_\_

Phone Number \_\_\_\_\_ May we contact your supervisor? \_\_\_\_\_

Start Date \_\_\_\_\_ Leaving Date \_\_\_\_\_

Reason for Leaving \_\_\_\_\_

Company Name \_\_\_\_\_  
Address \_\_\_\_\_  
Supervisor Name \_\_\_\_\_  
Phone Number \_\_\_\_\_ May we contact your supervisor? \_\_\_\_\_  
Start Date \_\_\_\_\_ Leaving Date \_\_\_\_\_  
Reason for Leaving \_\_\_\_\_

### **Authorization**

“I certify that the facts contained in this application are true and complete to the best of my knowledge and understand that, if employed, falsified statements on this application shall be grounds for dismissal.

I authorize investigation of all statements contained herein and the references and employers listed above to give you any and all information concerning my previous employment and any pertinent information they may have. Personal or otherwise and release the company from all liability for any damage that may result from utilization of such information.

I also understand and agree that no representative of the company has any authority to enter into any agreement for employment for any specified period of time, or to make any agreement contrary to the foregoing. Unless it is in writing and signed by an authorized company representative.”

Signature \_\_\_\_\_ Date \_\_\_\_\_