



An Equal Opportunity Employer

APPLICATION FOR EMPLOYMENT

This application is active for 30 days.

Answer each question fully and accurately. If you need additional space, please continue your answer(s) on a separate sheet of paper. No action can be taken on this application until all questions have been answered. PLEASE PRINT.

Job Applied For: _____ Today's Date: _____

Employment status sought: Full time [] Part Time [] Temporary [] Seasonal []

When are you available for employment? _____

PERSONAL INFORMATION

Last Name First Name Middle Name

If you worked under another name please give name(s): _____

Present Street Address: City State Zip Code

(_____) _____
Telephone Number Social Security Number

Are you at least 18 years of age? Yes [] No []

Have you ever applied to work here before? Yes [] No []

Are you eligible to work in the United States? Yes [] No []

Do you have any commitments or agreements with another employer which might affect your employment here? Yes [] No []

If yes, please explain: _____

Work History

List names of employers in consecutive order with present or last employer listed first. If self-employed, give firm name and supply business references.

Employer:	Supervisor Name:	Phone:
Address:		
Dates of Employment: From:	Position Held:	Reason for Leaving:
To:		
Duties:		

Employer:	Supervisor Name:	Phone:
Address:		
Dates of Employment: From:	Position Held:	Reason for Leaving:
To:		
Duties:		

Employer:	Supervisor Name:	Phone:
Address:		
Dates of Employment: From:	Position Held:	Reason for Leaving:
To:		
Duties:		

Employer:	Supervisor Name:	Phone:
Address:		
Dates of Employment: From:	Position Held:	Reason for Leaving:
To:		
Duties:		

Education

Name, Address of School	Highest Grade Completed	Did you Graduate?
High School:		
College or University: College Major: Degree:		
Additional Educational and/or Vocational/Technical training information: School:	Courses Taken:	Courses Completed:
School:	Courses Taken:	Courses Completed:
School:	Courses Taken:	Courses Completed:

Qualifications and Special Skills

Do you have a *valid* drivers' license? Yes [] No []

Drivers' License Number: _____ State: _____

References

Give three references, not relatives or former employers.

Name	Address	Phone#	Yrs. Acquainted	Occupation

Affidavit

I certify that, to the best of my knowledge, the information contained in this application is true and complete. I understand that my employment may be denied or terminated if I provide false, misleading, or incomplete information during the hiring process or my employment.

I understand that, if I am hired, I must produce applicable documents showing that I am lawfully authorized to work in the United States, in accordance with the Immigration Reform and Control Act of 1986, as amended.

I understand and agree that my prior employers, education institutions, and other references, listed on this application may be contacted by the Company. These references are authorized to give the Company any and all pertinent information they may have. I release all persons or entities involved, including the Company, from all liability arising from the contact and provision of information.

I agree to submit to any post-offer screening, pre-employment testing or physicals, as required by the Company.

I agree to conform to all the Company's policies, rules and procedures.

Furthermore, I understand and agree that nothing contained in this employment application, the granting of an interview, or in the offer of employment creates a contract for employment between the Company and myself. If an employment relationship is established, I understand that, unless specifically limited in an express, formally executed contract, I have the right to terminate my employment at any time and for any reason and the Company has the same right.

Signature

Date

Skill Inventory for Production Personnel

Indicate the number of years or months of experience you have in the correct column;
School or Experience.

ONLY INDICATE THE YEARS OR MONTHS

OPERATION		SCHOOL	EXPERIENCE (WORK)
Fabrication:	Stainless Steel	_____	_____
	Mild Steel	_____	_____
	Aluminum	_____	_____
Welding:	Wirefeed / MIG	_____	_____
	TIG	_____	_____
	Purge	_____	_____
	Stick	_____	_____
	Aluminum	_____	_____
Machinery:	Shear	_____	_____
	Brake	_____	_____
	Drill	_____	_____
	Iron Worker	_____	_____
	Plasma Torch	_____	_____
	Oxy-acetylene Torch	_____	_____
	Lathe	_____	_____
	Deburring Machine	_____	_____
	Grinding Machine	_____	_____
Production Operations:	Blueprint reading	_____	_____
	Metal Cleaning	_____	_____
	Painting, Spray	_____	_____
	Equipment Installation	_____	_____
	Heat treating Operations	_____	_____
	Electrical Wiring for Machinery	_____	_____
	Work Methods – Work Planning	_____	_____
	Supervisory Experience	_____	_____
	Design-Engineering Experience	_____	_____
	Food Processing Plant Experience	_____	_____

Please List additional skills or experience you feel are important for the Company to know.
