



## Application for Employment

Our policy is to provide equal employment opportunity to all qualified persons without regard to race, creed, color, religious belief, sex, age, national origin, physical or mental disability, or veteran status.

### Applicant Information

Date \_\_\_\_\_

Last Name \_\_\_\_\_ First Name \_\_\_\_\_ Middle Initial \_\_\_\_\_

Street address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Telephone number \_\_\_\_\_

Email Address \_\_\_\_\_

Position Applied for \_\_\_\_\_

Desired Salary \$ \_\_\_\_\_

How did you learn of this job opening? \_\_\_\_\_

Please list applicable skills \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Are you presently employed? Yes \_\_\_\_\_ No \_\_\_\_\_

May we contact your present employer? Yes \_\_\_\_\_ No \_\_\_\_\_

Are you available for full time employment? Yes \_\_\_\_\_ No \_\_\_\_\_

Date available \_\_\_\_\_

Are you a citizen or authorized to work in the U. S.? On an unrestricted basis? (You may be required to provide documentation.) Yes \_\_\_\_\_ No \_\_\_\_\_

Are you looking for full time employment? Yes \_\_\_\_\_ No \_\_\_\_\_

If not, what hours are you available? \_\_\_\_\_

Do you have reliable transportation? Yes \_\_\_\_\_ No \_\_\_\_\_

Do you have any health conditions or restrictions that would preclude you from performing the functions of this position? Yes \_\_\_\_\_ No \_\_\_\_\_

## Education

High School \_\_\_\_\_ Address \_\_\_\_\_

From \_\_\_\_\_ To \_\_\_\_\_ Did you Graduate? Yes \_\_\_\_\_ No \_\_\_\_\_ Diploma: \_\_\_\_\_

College \_\_\_\_\_ Address \_\_\_\_\_

From \_\_\_\_\_ To \_\_\_\_\_ Did you Graduate? Yes \_\_\_\_\_ No \_\_\_\_\_ Degree: \_\_\_\_\_

Other \_\_\_\_\_ Address \_\_\_\_\_

From \_\_\_\_\_ To \_\_\_\_\_ Did you Graduate? Yes \_\_\_\_\_ No \_\_\_\_\_ Degree: \_\_\_\_\_

In addition to your work history, are there any other skills, qualifications, or experience that we should consider?

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Please list any scholastic honors received and offices held in school. \_\_\_\_\_

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*Please list three professional or personal references whom have known you for more than a year.*

Full Name \_\_\_\_\_ Relationship \_\_\_\_\_

Company \_\_\_\_\_ Phone \_\_\_\_\_

Address \_\_\_\_\_

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Full Name \_\_\_\_\_ Relationship \_\_\_\_\_

Company \_\_\_\_\_ Phone \_\_\_\_\_

Address \_\_\_\_\_

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Full Name \_\_\_\_\_ Relationship \_\_\_\_\_

Company \_\_\_\_\_ Phone \_\_\_\_\_

Address \_\_\_\_\_

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**Previous Employment (Attachment of a Resume is acceptable)**

Company \_\_\_\_\_ Phone \_\_\_\_\_  
Address \_\_\_\_\_ Supervisor \_\_\_\_\_  
Job Title \_\_\_\_\_ Starting Salary \_\_\_\_\_ Ending Salary \_\_\_\_\_  
Responsibilities \_\_\_\_\_  
From \_\_\_\_\_ To \_\_\_\_\_ Reason for leaving \_\_\_\_\_  
May we contact your previous supervisor for a reference? \_\_\_\_\_yes \_\_\_\_\_no

Company \_\_\_\_\_ Phone \_\_\_\_\_  
Address \_\_\_\_\_ Supervisor \_\_\_\_\_  
Job Title \_\_\_\_\_ Starting Salary \_\_\_\_\_ Ending Salary \_\_\_\_\_  
Responsibilities \_\_\_\_\_  
From \_\_\_\_\_ To \_\_\_\_\_ Reason for leaving \_\_\_\_\_  
May we contact your previous supervisor for a reference? \_\_\_\_\_yes \_\_\_\_\_no

Company \_\_\_\_\_ Phone \_\_\_\_\_  
Address \_\_\_\_\_ Supervisor \_\_\_\_\_  
Job Title \_\_\_\_\_ Starting Salary \_\_\_\_\_ Ending Salary \_\_\_\_\_  
Responsibilities \_\_\_\_\_  
From \_\_\_\_\_ To \_\_\_\_\_ Reason for leaving \_\_\_\_\_  
May we contact your previous supervisor for a reference? \_\_\_\_\_yes \_\_\_\_\_no

Are you a certified welder? \_\_\_\_\_yes \_\_\_\_\_no (You may be required to provide a copy of this certification.)

Date received \_\_\_\_\_

Do you possess any other related certifications or specialized training? \_\_\_\_\_

**Military Service**

Branch \_\_\_\_\_ From \_\_\_\_\_ To \_\_\_\_\_

Rank at Discharge \_\_\_\_\_ Type of Discharge \_\_\_\_\_

If other than honorable, explain \_\_\_\_\_

## Disclaimer and Signature

**Please read before signing:**

I certify that all information provided by me on this application is true and complete to the best of my knowledge and that I have withheld nothing that, if disclosed, would alter the integrity of this application.

I authorize my previous employers, schools, or persons listed as references to give any information regarding my employment or educational record. I agree that this employer and my previous employers will not be held liable in any respect if a job offer is not extended, or is withdrawn, or employment is terminated because of false statements, omissions, or answers made by myself on this application. In the event of any employment with this employer, I will comply with all rules and regulations as set by this employer, I will comply with all rules and regulations as set by this employer in any communication distributed to the employees.

In compliance with the Immigration Reform and Control Act of 1986, I understand that I am required to provide approved documentation to this employer that verifies my right to work in the United States on the first day of employment. I have received from this employer a list of approved documents that are required.

I understand that employment at this employer is "at will" which means that either I or this employer can terminate the employment relationship at any time with or without prior notice, and for any reason not prohibited by statute. All employment is continued on that basis. I hereby acknowledge that I have read and understand the above statements.

Signature\_\_\_\_\_Date\_\_\_\_\_

**Note:**

***Please be advised that all applicants will be subject to a pre-employment drug screen and background investigation through a third party provider. Upon written request a copy of these findings will be provided to you.***