

Employment Application

Applicant Information

Full Name: _____ Date: _____
Last First M.I.

Address: _____
Street Address Apartment/Unit #

_____ *City State ZIP Code*

Phone: () _____ E-mail Address: _____

Date Available: _____ Social Security No.: _____ Desired Wage: \$ _____ Per _____

Position Applied for: _____

Are you a citizen of the United States? YES NO If no, are you authorized to work in the U.S.? YES NO

Have you ever worked for this company? YES NO If yes, when? _____

Have you ever been convicted of a felony? YES NO

If yes, explain: _____

Education

High School: _____ Address: _____

From: _____ To: _____ Did you graduate? YES NO Degree: _____

College: _____ Address: _____

From: _____ To: _____ Did you graduate? YES NO Degree: _____

Other: _____ Address: _____

From: _____ To: _____ Did you graduate? YES NO Degree: _____

References

Please list three professional references.

Full Name: _____ Relationship: _____

Company: _____ Phone: () _____

Address: _____

Full Name: _____ Relationship: _____

Company: _____ Phone: () _____

Address: _____

Full Name: _____ Relationship: _____

Company: _____ Phone: () _____

Address: _____

Metroplex Service Welding Supply, Inc.

Previous Employment

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

Military Service

Branch: _____ From: _____ To: _____
Rank at Discharge: _____ Type of Discharge: _____
If other than honorable, explain: _____

FOR ALL POSITIONS REQUIRING THE USE OF A VEHICLE:

Do you have a Commercial driver's license? YES NO
Have you ever been convicted of a moving violation? YES NO If yes, list
all _____
Have your driving privileges ever been revoked or suspended? YES NO If yes, list
all _____

Additional skills including supervision skills, other languages, or information regarding the career/occupation you wish to bring to the employer's attention: _____

Metroplex Service Welding Supply, Inc.

Professional Licenses, Certifications or Registrations: _____
List all equipment with which you have experience and training. (Examples: lathe, grinder, forklift, typewriter, adding machine, computers, etc) _____

Disclaimer and Signature

Read this information carefully and sign/date below:

I certify that my answers are true and complete to the best of my knowledge.

If this application leads to employment, I understand that false or misleading information in my application or interview may result in my immediate dismissal.

I authorize such background and personal reports as deemed necessary to verify that the information I have supplied is true and accurate and to determine my fitness for this job. A copy of this authorization is as valid as the original.

I understand that I may be required to work overtime as a condition of being employed here.

I understand that I may be required to submit to a pre-employment and post-employment test for fitness, honesty, and/or substance abuse, if not prohibited by law.

In consideration of my employment, I agree to conform to the rules and regulations for employees. I understand that my employment and compensation can be terminated, with or without cause, at anytime, at the option of either this company or me. Upon separation of employment, I authorize this company to withhold from my final pay check any monies owed to them by me.

Signature: _____ Date: _____

AUTHORIZATION FOR CRIMINAL RECORD CHECK

I am being considered for employment. I authorize an employer representative to conduct a criminal record check. My signature below is a request to any local, state or federal law enforcement agency to release whatever information is requested by the employer representative.

Signature _____

Name _____ Social Security Number _____

Street Address _____ City _____

State _____ Zip _____ Date of Birth _____

AUTHORIZATION FOR DRIVING RECORD CHECK

I am being considered for employment. I authorize an employer representative to conduct a driving record check. My signature below is a request to any local, state or federal law enforcement agency to release whatever information is requested by the employer representative.

Signature _____

Name _____ Driver's License # _____ State Issued _____

Social Security Number _____ Date of Birth _____

Street Address _____ City _____

State _____ Zip _____ Telephone Number _____