



## Employment Application

### Applicant Information

Full Name: \_\_\_\_\_ Date: \_\_\_\_\_  
*Last First M.I.*

Address: \_\_\_\_\_  
*Street Address Apartment/Unit #*

\_\_\_\_\_

*City State ZIP Code*

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Date Available: \_\_\_\_\_ Desired Salary: \$ \_\_\_\_\_

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: \_\_\_\_\_

Did you graduate? YES  NO  Diploma: \_\_\_\_\_

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

Did you graduate? YES  NO  Degree: \_\_\_\_\_

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

Did you graduate? YES  NO  Degree: \_\_\_\_\_

### Military Service

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

Rank at Discharge: \_\_\_\_\_

## 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

## Professional References

*Please list three professional references.*

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

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

Address: \_\_\_\_\_

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

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

Address: \_\_\_\_\_

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

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

Address: \_\_\_\_\_

## Disclaimer and Signature

*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 release.*

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

# SKILLS CHECKLIST

PLEASE CHECK THE BOX FOR ALL ITEMS YOU HAVE EXPERIENCE IN

- |  |  |
|--|--|
| <input type="checkbox"/> WELDING                   | <input type="checkbox"/> FORKLIFT              |
| <input type="checkbox"/> SHEET METAL WORK          | <input type="checkbox"/> OVERHEAD CRANE        |
| <input type="checkbox"/> FABRICATION               | <input type="checkbox"/> PRESS BRAKE           |
| <input type="checkbox"/> ELECTRICAL                | <input type="checkbox"/> HAND BRAKE            |
| <input type="checkbox"/> PLUMBING                  | <input type="checkbox"/> SHEAR                 |
| <input type="checkbox"/> CONTROL PANELS            | <input type="checkbox"/> PIPE BENDER/THREADER  |
| <input type="checkbox"/> SIDING                    | <input type="checkbox"/> HOLE KNOCK OUT        |
| <input type="checkbox"/> WOODWORK/ PALLET BUILDING | <input type="checkbox"/> CUTTING TORCH         |
| <input type="checkbox"/> ASSEMBLY                  | <input type="checkbox"/> BRAZING               |
| <input type="checkbox"/> SHIPPING/ RECEIVING       | <input type="checkbox"/> WIRE MARKING          |
| <input type="checkbox"/> COMPUTER                  | <input type="checkbox"/> ELECTRICAL SCHEMATICS |
| <input type="checkbox"/> PLAN READING              | <input type="checkbox"/> VOLT METER            |
| <input type="checkbox"/> PLASMA TABLE              | <input type="checkbox"/> LVMCC                 |
| <input type="checkbox"/> MANAGEMENT                | <input type="checkbox"/> MCC                   |
| <input type="checkbox"/> SPRAY PAINT               | <input type="checkbox"/> DRILL PRESS           |
| <input type="checkbox"/> POWDER PAINT              | <input type="checkbox"/> TAP AND DIE           |
| <input type="checkbox"/> MACHINING                 | <input type="checkbox"/> LATHE                 |
| <input type="checkbox"/> JIG BUILDING              | <input type="checkbox"/> CNC MACHINE           |
| <input type="checkbox"/> GENERAL POWER TOOLS       | <input type="checkbox"/> SAND BLASTER          |
| <input type="checkbox"/> HVAC EXPERIENCE           | <input type="checkbox"/> ROLL FORMER           |