



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: _____

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 |