



# APPLICATION FOR EMPLOYMENT

Date \_\_\_\_\_

## PERSONAL INFORMATION

Name \_\_\_\_\_ SSN \_\_\_\_\_

Address \_\_\_\_\_ Phone \_\_\_\_\_

City/State/Zip \_\_\_\_\_ DOB \_\_\_\_\_

Are you 18 years or older?  Yes  No Driver's License # \_\_\_\_\_

Are you a U.S. Citizen or alien authorized to work in the U.S.?  Yes  No

Have you been convicted of a felony in the last seven years?  Yes  No

If yes, please explain (such convictions do not bar you from employment)

## EMPLOYMENT DESIRED

Position \_\_\_\_\_ Date you can start? \_\_\_\_\_ Wage Desired? \_\_\_\_\_

Are you employed now?  Yes  No If so, may we inquire with your current employer?  Yes  No

Referred by \_\_\_\_\_

## EDUCATION

High School (name and address) \_\_\_\_\_

Yrs Completed \_\_\_\_\_ Graduate?  Yes  No Major \_\_\_\_\_

College (name and address) \_\_\_\_\_

Yrs Completed \_\_\_\_\_ Graduate?  Yes  No Major \_\_\_\_\_

Vocational or Other specify (name and address) \_\_\_\_\_

Yrs Completed \_\_\_\_\_ Graduate?  Yes  No Major \_\_\_\_\_

## QUALIFICATIONS

Relevant Experience

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Shop Skills (please list)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

First Aid Certified?  Yes  No CPR Certified?  Yes  No

Additional Skills

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**EMPLOYMENT HISTORY**

Employer \_\_\_\_\_ Start Date \_\_\_\_\_  
Address \_\_\_\_\_ End Date \_\_\_\_\_  
Title \_\_\_\_\_ Ending Wage \_\_\_\_\_  
Job Description \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Employer \_\_\_\_\_ Start Date \_\_\_\_\_  
Address \_\_\_\_\_ End Date \_\_\_\_\_  
Title \_\_\_\_\_ Ending Wage \_\_\_\_\_  
Job Description \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Employer \_\_\_\_\_ Start Date \_\_\_\_\_  
Address \_\_\_\_\_ End Date \_\_\_\_\_  
Title \_\_\_\_\_ Ending Wage \_\_\_\_\_  
Job Description \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**OTHER INFORMATION**

CDL  Yes  No Classification \_\_\_\_\_  
Mechanical Experience \_\_\_\_\_  
Welding Experience \_\_\_\_\_  
Additional Skills \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Personal Interest \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**EMERGENCY**

In case of emergency contact \_\_\_\_\_ Relation \_\_\_\_\_ Phone \_\_\_\_\_  
Doctor's Name \_\_\_\_\_

The use of alcohol or non-prescription drugs by employees during working hours is prohibited. The use of such substance is reason for immediate termination and prosecution, if applicable. An on the job injury sustained by the employee while using the unauthorized substance will be investigated, and any claim made against the employer will be prosecuted. The effect could cause your claim to be disallowed.

FAILURE TO PROVIDE ACCURATE INFORMATION ON THIS FORM IS REASON FOR IMMEDIATE TERMINATION.

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