



Employment Application

| APPLICANT INFORMATION | | | |
|--|------------------------------|-----------------------------|---|
| Last Name | First | M.I. | DOB |
| Street Address | | Apartment/Unit # | |
| City | State | ZIP | |
| Phone | E-mail Address | | |
| Date Available | Social Security No. | Desired Salary | |
| Position Applied for | | | |
| Are you a citizen of the United States? | YES <input type="checkbox"/> | NO <input type="checkbox"/> | If no, are you authorized to work in the U.S.? YES <input type="checkbox"/> NO <input type="checkbox"/> |
| Have you ever worked for this company? | YES <input type="checkbox"/> | NO <input type="checkbox"/> | If so, when? |
| Have you ever been convicted of a felony? | YES <input type="checkbox"/> | NO <input type="checkbox"/> | If yes, explain |
| <i>Absolute Welding reserves the right to perform a criminal background check on all employees prior to employment</i> | | | |

| EDUCATION | | | | |
|-------------|----|-------------------|------------------------------|-----------------------------|
| High School | | City, St | | |
| From | To | Did you graduate? | YES <input type="checkbox"/> | NO <input type="checkbox"/> |
| | | | Degree | |
| College | | City, St | | |
| From | To | Did you graduate? | YES <input type="checkbox"/> | NO <input type="checkbox"/> |
| | | | Degree | |
| Other | | City, St | | |
| From | To | Did you graduate? | YES <input type="checkbox"/> | NO <input type="checkbox"/> |
| | | | Degree | |

| REFERENCES | |
|---|---------------|
| <i>Please list three professional references.</i> | |
| Full Name | Relationship |
| Company | Phone () |
| Address | |
| Full Name | Relationship |
| Company | Phone () |
| Address | |
| Full Name | Relationship |
| Company | Phone () |
| Address | |



| 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 <input type="checkbox"/> NO <input type="checkbox"/> | | | | |
| 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 <input type="checkbox"/> NO <input type="checkbox"/> | | | | |
| 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 <input type="checkbox"/> NO <input type="checkbox"/> | | | | |

| MILITARY SERVICE | |
|----------------------------------|-------------------|
| Branch | From To |
| Rank at Discharge | Type of Discharge |
| If other than honorable, explain | |

| WELDING EXPERIENCE | | | | |
|--------------------|--|-----------------|--|-------|
| MIG | YES <input type="checkbox"/> NO <input type="checkbox"/> | Number of Years | | Notes |
| TIG | YES <input type="checkbox"/> NO <input type="checkbox"/> | Number of Years | | Notes |
| STICK | YES <input type="checkbox"/> NO <input type="checkbox"/> | Number of Years | | Notes |
| OTHER: | | Number of Years | | Notes |
| CERTIFICATIONS | | | | |



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

*Deliver to Absolute Welding, Inc., 130 East Street, Borden, IN 47106
or fax to 812-558-3752*