

# ALLOY BELLOWS & PRECISION WELDING, INC.

## APPLICATION FOR EMPLOYMENT

TODAY'S DATE \_\_\_\_\_

REFERRED BY \_\_\_\_\_

PLEASE PRINT AND COMPLETE THIS FORM IN INK

FULL NAME _____		
Last	First	Middle
CURRENT ADDRESS _____		
Street & No.		
City	State	Zip
PREVIOUS ADDRESS _____		
Street & No.		
City	State	Zip
PREFERRED NAME OR NICKNAME	TELEPHONE NUMBER	SOCIAL SECURITY NUMBER
	(   )	

Have you ever applied to Alloy Bellow Company before?

Yes \_\_\_\_\_ No \_\_\_\_\_ If yes, give dates: \_\_\_\_\_ Position you are applying for \_\_\_\_\_

Are you able to perform all of the essential duties of the job for which you are applying? Yes \_\_\_\_\_ No \_\_\_\_\_

If no, please explain \_\_\_\_\_

AVAILABILITY:

Date you can start work: \_\_\_\_\_

FULL TIME                       PART TIME  
 REGULAR                               TEMPORARY

Total hours available per week \_\_\_\_\_

Are there any days or hours when you are unable or unwilling to work?

Please specify \_\_\_\_\_

Are you willing to relocate? \_\_\_\_\_ If so, where? \_\_\_\_\_ Will you travel? \_\_\_\_\_

Have you ever worked for Alloy Bellows?  Yes                       No

Where? \_\_\_\_\_

If hired, and you are under 18, can you furnish a work permit?                       Yes                       No                      I'm over 18

Are you a citizen of the United States?                       Yes                       No

If not a citizen, can you furnish proof of eligibility to work in U.S.?                       Yes                       No

We are an equal opportunity employer and do not discriminate against any applicant because of race, color, religion, sex, age, national origin, or disability.

# Employment Experience

Fill out carefully. Begin with present or last job held and work back, regardless of the time worked. Use additional sheet if necessary. If you were sick, attending school, out of work, so state giving dates. DO NOT SKIP ANY DATES. ACCOUNT FOR ALL TIMES. THIS INFORMATION WILL BE CLOSELY CHECKED. All information must be included, even if you are attaching a resumé

1.	Employer Address Telephone Number(s) Job Title ( ) Supervisor Reason for Leaving Dates Employed From / To	Work Performed Hourly Rate/Salary Starting / Final
2.	Employer Address Telephone Number(s) Job Title ( ) Supervisor Reason for Leaving Dates Employed From / To	Work Performed Hourly Rate/Salary Starting / Final
3.	Employer Address Telephone Number(s) Job Title ( ) Supervisor Reason for Leaving Dates Employed From / To	Work Performed Hourly Rate/Salary Starting / Final
4.	Employer Address Telephone Number(s) Job Title ( ) Supervisor Reason for Leaving Dates Employed From / To	Work Performed Hourly Rate/Salary Starting / Final

## General Skills and Qualifications

PLEASE CHECK ALL THAT APPLY:

- |   |  |   |   |
|---|--|---|---|
| <input type="checkbox"/> General Clerical   | <input type="checkbox"/> Inventory Clerk | <input type="checkbox"/> Stock Clerk          | <input type="checkbox"/> Hoist Lift Operation |
| <input type="checkbox"/> Typing             | <input type="checkbox"/> Bookkeeping     | <input type="checkbox"/> Credit Clerk         | <input type="checkbox"/> Maintenance          |
| <input type="checkbox"/> Cashier            | <input type="checkbox"/> Calculator      | <input type="checkbox"/> Key punch            | <input type="checkbox"/> General Warehouse    |
| <input type="checkbox"/> Financial Reports  | <input type="checkbox"/> Payroll         | <input type="checkbox"/> Word Processor       | <input type="checkbox"/> Computer Operator    |
| <input type="checkbox"/> Statistical Typing | <input type="checkbox"/> Salesclerk      | <input type="checkbox"/> Switchboard Operator | <input type="checkbox"/> Packer               |
|   |  |   | <input type="checkbox"/> Other                |

Typing Speed \_\_\_\_\_

Please list ALL software packages that you can operate: \_\_\_\_\_

## Special Skills and Qualifications

Summarize special job-related skills and qualifications acquired from employment or other experience.

---



---



---

## Education

CIRCLE HIGHEST GRADE COMPLETED:                      ELM 6 7 8                      HIGH 9 10 11 12                      COLLEGE 13 14 15 16 17 18 19

HIGH SCHOOL _____	City _____	State _____
-------------------	------------	-------------

COLLEGE: (List all whether or not a degree was obtained)

NAME	LOCATION	MAJOR FIELD OF STUDY	MINOR FIELD OF STUDY	DEGREES

Academic honors or special recognition \_\_\_\_\_

Extra curricular activities \_\_\_\_\_

Offices held \_\_\_\_\_

Other night school, correspondence, home study or courses \_\_\_\_\_

Do you have any objection to our contacting your previous schools? \_\_\_\_\_

## References

Give name, address and telephone number of three references who are not related to you:

1. (Supervisor) \_\_\_\_\_

2. (Supervisor) \_\_\_\_\_

3. (Supervisor) \_\_\_\_\_

## Security

In the past five (5) years have you been convicted of a felony?  Yes  No

If yes, give details including date, location (city), nature of offense and disposition \_\_\_\_\_

NOTE: A conviction record will not necessarily be a bar to employment. Applicants with a sealed record on file can answer 'no record' to any inquiries about criminal charges.

Have you ever taken any merchandise, money or property from an employer?  Yes  No

If yes, give details \_\_\_\_\_

## Emergency Contact

NAME:

ADDRESS:

HOME PHONE:

WORK PHONE:

Read carefully before signing:

I certify that the statements and information furnished by me in this application are true and correct and I understand that falsification of such statements and information is grounds for dismissal at any time the company becomes aware of the falsified information. In consideration of my employment, I agree to conform to the rules and regulations of your company and acknowledge that my employment and compensation can be terminated, with or without cause, and with or without notice, at any time at the option of either the company or myself. I further understand that no policy, benefit, or procedure contained in any employee handbook creates an employment contract for any period of time, and no terms or conditions of employment contrary to the foregoing should be relied upon, except for those made in writing by a designated officer of the company.

All the foregoing information is truthful and factual and it is my understanding that should falsification be discovered it will constitute grounds for nonacceptance or dismissal.

I agree and hereby authorize Alloy Bellows & Precision Welding, Inc. to conduct a background inquiry to verify the information on this application and any company form completed by me. I authorize all previous employers or other persons who have knowledge of me or my records to release such information to Alloy Bellows or its agents. I authorize Alloy Bellows to conduct consumer credit report inquiries as a result of my employment or at any time during my employment. I hereby release those companies and persons and Alloy Bellows from all claims or liabilities whatever that may arise by such disclosures or such investigation.

DATE OF APPLICATION \_\_\_\_\_ SIGNATURE OF APPLICANT \_\_\_\_\_

CONSENT TO EXAMINATION  
INCLUDING DRUG AND ALCOHOL TESTING

I, \_\_\_\_\_, hereby consent and willingly submit to examination(s) including drug and alcohol testing to be performed upon me as requested by my employer, Alloy Bellows & Precision Welding. I understand that such examination will necessarily include urinalysis or a similar test to detect the use of drugs, alcohol, and/or other controlled substances, and hereby authorize Center for Corporate Health, it's treating personnel, management, agents, and/or other employees to perform such tests in conjunction with this examination. I further agree to release all medical information in connection with such examination, including, but not limited to, the results of the above-referenced urinalysis or other controlled substance test to Alloy Bellows & Precision Welding, through its authorized representative, and by my signature below, hereby expressly authorize and request that all medical information in connection with my examination(s) be released to Alloy Bellows & Precision Welding.

I recognize and acknowledge that the above-referenced urinalysis or similar controlled substance tests shall be performed (1) in association with my application for employment (a negative test result being a prerequisite for placement); and (2) "for cause" when Alloy Bellows & Precision Welding has reasonable grounds to believe that I am under the influence of drugs or alcohol which are impairing my job performance. I further acknowledge that my submission to such appropriate testing is deemed by Alloy Bellows & Precision Welding to be a material condition of my continued employment.

This consent form is effective from the date of my signature forward unless revoked by me in writing.

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

Employee: \_\_\_\_\_