

Application for Employment

Today's Date: _____

Position Applying For: _____ Referred By: _____

Desired Pay: \$_____ Willing To Travel: Yes No

Social Security No.: _____ Driver's License No.: _____

Full Name: _____

Address: _____ City: _____ ST: _____ Zip: _____ County: _____

Mailing Address: _____ City: _____ ST: _____ Zip: _____

Home Phone Number: _____ Cell Phone Number: _____

Email Address: _____

If related to anyone in our employment state name: _____

Occupational Cards: TWIC Card: Yes No Basic Plus: Yes No

Any other occupational card(s) you may have: _____

List any past experience:

Torch Worker Yes No
Example/Types: _____

Laborer Yes No
Example/Types: _____

Scrap Handler Yes No
Example/Types: _____

Equipment Operator Yes No
Example/Types: _____

This job requires heavy lifting, 50 pounds or more over your head on a daily basis. Is there any reason you would not be capable of performing this task? Yes No

This job requires you to wear safety equipment, including a respirator. Is there any reason you could not wear these items? Yes No

This job requires working outdoors, in temperatures of over 100° wearing fire retardant clothing. Is there any reason you would not be capable of working in these conditions? Yes No

All accidents and/or incidents must be reported immediately. Reports must be made to the Supervisor the day of the accident/incident. If you fail to do so, claims cannot be honored, as the insurance carries must have the report the same day the accident/incident occurs.

List most recent job experience:

<i>Company Name</i>	<i>Contact Person</i>	<i>Phone No.</i>	<i>Dated Started</i>	<i>Date Stopped</i>	<i>Position Held</i>	<i>Reason for Leaving</i>

Hobbies, Interests or Other Information you may want us to know: _____

AT WILL EMPLOYMENT POLICY

THE EMPLOYMENT RELATIONSHIP BETWEEN THE COMPANY AND THE EMPLOYEE IS AN AT WILL RELATIONSHIP. THE EMPLOYMENT RELATIONSHIP 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 THE EMPLOYEE.

“I certify that the facts contained on this application are true and complete to the best of my knowledge and understand that, if employed, falsified statements on this application shall be grounds for dismissal.”

Signature: _____

Date: _____