

Application for Employment



WELDING UNLIMITED, INC.

14300 Davenport Rd. Ste. A
 Agua Dulce, CA 91390
 Ph (661) 250-3666 Fax (661) 250-4173
 weldingunlimited@earthlink.net

Date of Application: _____

Date Available to Start Work: _____

Type of Employment Desired: Full-time Part-time Temporary

Position applying for: Office/Clerical Welder Welder's Helper

Truck Driver Foreman Other: _____

Personal Information			
Name (Last, First, MI):			
Social Security Number:	Driver's License	State:	
Address:	City	State	Zip
Telephone Number:	Other Contact Number:	Email:	
Referred By:			

Have you ever worked for this company before? Yes No If yes, when? _____

If you are under 18, and we require a work permit, can you furnish one? Yes No

If no, please explain: _____

Are you a citizen of the United States? Yes No

If not, are you legally allowed to work in the United States? Yes No

Have you ever pleaded "guilty," "no contest" or been convicted of a crime? Yes No

If yes, give dates and explanation: _____

Answering "yes" to these questions does not constitute an automatic rejection for employment. Date of offense, seriousness and nature of the violation, rehabilitation and position applied for will be considered.

Education, Training & Military Service			
High School & Location:	Years attended:	Did you graduate?	
College & Location:	Years attended:	Did you graduate?	Area of study:
Trade or Business School & Location:	Years attended:	Did you graduate?	Area of study:
U.S. Military or Naval Service:	Rank:		

Skills & Qualifications

List special training, skills, licenses and/or certificates that pertain to the job which you are applying for:

Computer & Software Skills

Employment History

Name of Employer:		Telephone Number:	
Address of Employer:		City:	State: Zip:
Dates Employed: (/) to (/) month / year month / year		Immediate Supervisor and Title:	
Starting and ending job title:	Starting and ending wages:	May we contact?	Yes No
Job Duties:		Reason for Leaving: <input type="checkbox"/> <input type="checkbox"/>	
Name of Employer:		Telephone Number:	
Address of Employer:		City:	State: Zip:
Dates Employed: (/) to (/) month / year month / year		Immediate Supervisor and Title:	
Starting and ending job title:	Starting and ending wages:	May we contact?	Yes No
Job Duties:		Reason for Leaving:	
Name of Employer:		Telephone Number:	
Address of Employer:		City:	State: Zip:
Dates Employed: (/) to (/) month / year month / year		Immediate Supervisor and Title:	
Starting and ending job title:	Starting and ending wages:	May we contact?	Yes No
Job Duties:		Reason for Leaving:	

References

Name & Title	Relationship to you:	Telephone Number:	Years known:
Name & Title	Relationship to you:	Telephone Number:	Years known:
Name & Title	Relationship to you:	Telephone Number:	Years known:

I certify that my answers are true and complete to the best of my knowledge. I authorize you to make such investigations and inquiries of my personal, employment, educational, financial and other related matters as may be necessary for an employment decision. I hereby release employers, schools, or individuals from all liability when responding to inquiries in connection with my application

Signature of Applicant: _____ **Date:** _____

DO NOT WRITE BELOW THIS LINE