



APPLICATION FOR EMPLOYMENT

APPLICANT INFORMATION:

DATE OF APPLICATION: _____

NAME: _____

LAST

FIRST

MIDDLE

SOCIAL SECURITY #: _____

DATE OF BIRTH: _____

ADDRESS: _____

STREET

(APT.)

CITY/STATE

ZIP

ALT. ADDRESS: _____

STREET

(APT.)

CITY/STATE

ZIP

HOME PHONE #: _____ CELL PHONE #: _____ EMAIL: _____

Are you a citizen of the U.S.?	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:		

HOW DID YOU LEARN ABOUT OUR COMPANY: _____

POSITION SOUGHT: _____ AVAILABLE START DATE: _____

DESIRED PAY RANGE: _____ ARE YOU CURRENTLY EMPLOYED? _____

EDUCATION:	NAME & LOCATION	GRADUATE? – DEGREE?	MAJOR/SUBJECTS OF STUDY
HIGH SCHOOL			
COLLEGE OR UNIVERSITY			
SPECIALIZED TRAINING, TRADE SCHOOL, ETC.			
OTHER EDUCATION			

PLEASE LIST YOUR AREAS OF HIGHEST PROFICIENCY, SPECIAL SKILLS OR OTHER ITEMS THAT MAY CONTRIBUTE TO YOUR ABILITIES IN PERFORMING THE ABOVE MENTIONED POSITION:

PREVIOUS EXPERIENCE

PLEASE LIST MOST RECENT EMPLOYMENT FIRST:

DATES EMPLOYED	COMPANY NAME	LOCATION	ROLE/TITLE

JOB NOTES, TASKS PERFORMED AND REASON FOR LEAVING:

DATES EMPLOYED	COMPANY NAME	LOCATION	ROLE/TITLE

JOB NOTES, TASKS PERFORMED AND REASON FOR LEAVING:

DATES EMPLOYED	COMPANY NAME	LOCATION	ROLE/TITLE

JOB NOTES, TASKS PERFORMED AND REASON FOR LEAVING:

DATES EMPLOYED	COMPANY NAME	LOCATION	ROLE/TITLE

JOB NOTES, TASKS PERFORMED AND REASON FOR LEAVING:

PLEASE READ CAREFULLY AND SIGN THAT YOU UNDERSTAND AND ACCEPT THIS INFORMATION:

I CERTIFY THAT THE INFORMATION ON THIS APPLICATION AND ITS SUPPORTING DOCUMENTS IS ACCURATE AND COMPLETE. I UNDERSTAND AND AGREE THAT FAILURE TO FULLY COMPLETE THE FORM, OR MISREPRESENTATION OR OMISSION OF FACTS, REPRESENTS GROUNDS FOR ELIMINATION FROM CONSIDERATION FOR EMPLOYMENT, OR TERMINATION AFTER EMPLOYMENT IF DISCOVERED AT A LATER DATE. I AUTHORIZE HENARD METAL FABRICATORS, INC. TO INVESTIGATE, WITHOUT LIABILITY, ALL STATEMENTS CONTAINED IN THIS APPLICATION AND SUPPORTING MATERIALS. I AUTHORIZE REFERENCES AND FORMER EMPLOYERS, WITHOUT LIABILITY, TO MAKE FULL RESPONSE TO ANY INQUIRIES IN CONNECTION WITH THIS APPLICATION FOR EMPLOYMENT. IF REQUESTED, I AGREE TO SUBMIT TO A PHYSICAL EXAM, CRIMINAL AND CREDIT BACKGROUND INVESTIGATION, AND/OR SCREENING FOR ILLEGAL SUBSTANCES UPON CONDITIONAL OFFER OF EMPLOYMENT.

APPLICANT SIGNATURE: _____ **DATE:** _____
