

APPLICATION FOR EMPLOYMENT

OFFICE USE ONLY	
Job Number	
Location	
Submitted By	
Date	

APPLICANT INSTRUCTIONS

1. Please read "APPLICANT NOTE".
2. Complete all pages of this form.
3. If more space is needed to complete any question, use comments section on the last page.
4. Print clearly; incomplete or illegible applications will not be processed.
5. This application expires 120 days from date submitted.

If you need help to fill out this application form or for any phase of the employment process, please notify the person that gave you this form and every effort will be made to accommodate your needs in a reasonable amount of time.

APPLICANT NOTE

This application form is intended for use in evaluating your qualifications for employment. This is not an employment contract. Please answer all appropriate questions completely and accurately. False or misleading statements during the interview and on this form are grounds for terminating the application process or, if discovered after employment, terminating employment. All qualified applicants will receive consideration without discrimination because of sex, marital status, race, age, creed, national origin or the presence of disabilities. A felony conviction will not necessarily bar an applicant from employment. Affirmative action hiring may be requested by qualified applicants. Additional testing of job-related skills may be required prior to employment. After an offer of employment, and prior to reporting to work, you are required to submit to a medical review and a drug/alcohol test. Depending on company policy and the needs of the job, you will be required to complete a medical history form and may be required to be examined by a medical professional designated by the company.

Please Print

Last Name		First		Middle	
Street Address			City		State Zip
Home Phone			Business Phone		
How Did You Learn About our Company?		Are You Legally Authorized to Work in the United States? Yes <input type="checkbox"/> No <input type="checkbox"/> <small>Proof of citizenship or immigration status will be required upon employment.</small>		Social Security Number	
Position Applied For:		Are You Employed Now? Yes <input type="checkbox"/> No <input type="checkbox"/>	Will You Work Overtime if Asked? Yes <input type="checkbox"/> No <input type="checkbox"/>		Pay Expected
Are You on Layoff and Subject to Recall? Yes <input type="checkbox"/> No <input type="checkbox"/>		Date Available for Work		Can You Travel if job Requires? Yes <input type="checkbox"/> No <input type="checkbox"/>	
Have you <input type="checkbox"/> Worked (or) <input type="checkbox"/> Applied with us Before?		If yes, give date:	Month	Year	
		Location		Supervisor	
Have you been convicted of a crime in the past ten years, excluding misdemeanors and summary offenses, which has not been annulled, expunged, or sealed by a court? Yes <input type="checkbox"/> No <input type="checkbox"/> If yes, explain					

NOTE: Do not fill out any part of this section you believe to be non-job related.

List languages in which you are fluent
 Yes No

If the job requires, do you have the appropriate valid driver's license? DL#
 Type State of Issue Date of Birth

Yes No Have you had any moving violations? Please describe _____

Yes No Have you been given a job description or had the requirements of the job explained to you?

Yes No Do you understand these requirements?

Yes No Are there any functions of this job that you think you are unable to perform? If your answer is "yes", please explain in the "comments" section on the last page.

Please list any other skills, licenses or certificates that may be job-related or that you feel would be of value to this job or company:

EDUCATION					
School	Name and Location of School	Course of Study	Years Completed	Did You Graduate?	Degree/ Diploma
High School				Yes <input type="checkbox"/> No <input type="checkbox"/>	
College/University				Yes <input type="checkbox"/> No <input type="checkbox"/>	
Other				Yes <input type="checkbox"/> No <input type="checkbox"/>	

EMPLOYMENT REFERENCES

Your application will not be considered unless every question in this section is answered. Since we will make every effort to contact previous employers, the correct telephone numbers of past employers are critical.

MOST RECENT EMPLOYER		Are you currently working for this employer? Yes <input type="checkbox"/> No <input type="checkbox"/>	
		If yes, may we contact? Yes <input type="checkbox"/> No <input type="checkbox"/>	
Company Name		City	State
Dates Employed: From _____ To _____		Job Title	Phone Number
Duties:			
Salary \$ _____	Per _____ (Hour, Week, Month)	Reason for Leaving	
SECOND MOST RECENT EMPLOYER			
Company Name		City	State
Dates Employed: From _____ To _____		Job Title	Phone Number
Duties:			
Salary \$ _____	Per _____ (Hour, Week, Month)	Reason for Leaving	
THIRD MOST RECENT EMPLOYER			
Company Name		City	State
Dates Employed: From _____ To _____		Job Title	Phone Number
Duties:			
Salary \$ _____	Per _____ (Hour, Week, Month)	Reason for Leaving	

SKILLS ASSESSMENT - INDICATE YEARS OF EXPERIENCE FOR ALL THAT APPLY AND HIGHEST CAPACITY IN WHICH EMPLOYED BY ENTERING THE FOLLOWING IN THE CAPACITY COLUMN:

LEADMAN, FOREMAN, JOURNEYMAN, GENERAL FOREMAN, SUPERINTENDENT OR LABORER/HELPER

SKILLS	YEARS	CAPACITY	SKILLS	YEARS	CAPACITY
Build wood forms			Concrete pile		
Assemble metal forms			Structural welding		
Finish carpentry			Wire feed welding		
Lay block			GTAW pipe welding		
Lay brick			Inner shield welding		
Place concrete			Dual shield welding		
Finish concrete			Mig welding		
Set pre-cast concrete			Tig welding		
Operate power trowel			Oxy/acetylene burning		
Layout steel			Air arc/plasma arc		
Set steel			Fit carbon pipe		
Tie rebar			Fit welded stainless steel pipe		
Light rigging (2 tons)			Fit threaded pipe		
Heavy rigging (2 tons)			Fit plastic pipe		
Drive H-pile			Operate horizontal boring mill		

SKILLS	YEARS	CAPACITY	SKILLS	YEARS	CAPACITY
Sheet pile			Install PLC		
Operate cnc machining center or lathe			Bull dozer (small & medium)		
Operate lathe/Bridgeport			Bulldozer (D7 or larger)		
Lay underground pipe			Motor grader operator		
Expand boiler tubes			Air hand tools		
Steel fabrication			Hydraulic crane		
Heavy equipment repair			Conventional crane		
Diesel engine repair			Maintainer		
Small engine repair			Excavator		
Align couplings with dial indicator			Rubber tired loader		
Operate laser alignment equipment			Roller, compactor, mixer		
Install industrial bearings			Track loader		
Bend/install industrial tubing			Water truck		
Pneumatic/hydro calibration			Dozers		
Run cable trays			Backhoe (large)		
Install and bend conduit			Forklift		
Electronic calibration			Aerial lift off road haul truck, dump		
Hydraulic repair			Air track/rock drill		
Industrial painting			Skid steel loader		
Sandblasting			Sheet metal fabrication		
Install drywall			Operate screed		
Blueprint reading			Install glass		
Drafting			Install electronics		
Personal computer			Install door hardware		
Transit			OTHER:		
Operate auto level					
Boom truck					
Clerical skills					
Electrical termination					

CHECK ALL CRAFT CATEGORIES THAT APPLY:

- | | | | | | |
|--|--|-------------------------------------|-------------------------------------|-------------------------------------|---|
| <input type="checkbox"/> Boilermaker | <input type="checkbox"/> Bricklayer | <input type="checkbox"/> Burner | <input type="checkbox"/> Carpenter | <input type="checkbox"/> Concrete | <input type="checkbox"/> Crane Operator |
| <input type="checkbox"/> Electrician | <input type="checkbox"/> Fabrication | <input type="checkbox"/> Firewatch | <input type="checkbox"/> Fitter | <input type="checkbox"/> Formsetter | <input type="checkbox"/> Grinder |
| <input type="checkbox"/> Instrument Fitter | <input type="checkbox"/> Insulator | <input type="checkbox"/> Ironworker | <input type="checkbox"/> Machinist | <input type="checkbox"/> Mechanic | <input type="checkbox"/> Millwright |
| <input type="checkbox"/> Painter | <input type="checkbox"/> Pile Driver | <input type="checkbox"/> Pipefitter | <input type="checkbox"/> Pipelayer | <input type="checkbox"/> Plumber | <input type="checkbox"/> Rigger |
| <input type="checkbox"/> Purchasing Agent | <input type="checkbox"/> Rod Buster/Steel Tier | <input type="checkbox"/> Scheduling | <input type="checkbox"/> Sheetmetal | <input type="checkbox"/> Surveyor | <input type="checkbox"/> Tool Man |
| <input type="checkbox"/> Welder | <input type="checkbox"/> Clerical | <input type="checkbox"/> Other | | | |

ADDITIONAL COMMENTS:

REFERENCES

Include only individuals familiar with your work ability. Do not include relatives.

NAME	ADDRESS/PHONE	YEARS KNOWN	RELATIONSHIP
1.			
2.			

COMMENTS

CERTIFICATION AND RELEASE

I declare that the answers given by me to the questions in this application are correct to the best of my knowledge and that I understand that any misstatement, falsification, or omission of facts shall be cause for disciplinary action up to and including dismissal or rejection from employment. I authorize the company to investigate my answers to all questions in this application. I authorize any law enforcement agency or criminal history background reporting agency to furnish information in its records about me to the Company or its agents. I further authorize the company to contact any of my previous employers, as well as reference sources, in order to verify the information that I have furnished regarding my qualifications and character. I hereby authorize all person(s) having knowledge thereof to provide such information to the company, and I hereby release from liability and agree to hold harmless any person that furnishes such information in good faith. I further agree that I will submit to a medical review after an offer of employment is made but prior to reporting to work. Additional testing of job related skills and for the presence of drugs in my body may be required prior to employment. I authorize the company to supply my employment records in whole or in part and in confidence to any employer, insurance agency or other party with a legal and proper interest. I hereby release the company from any liability and agree to hold harmless any employee of the company who furnished such information. I understand that I must comply with the company safety rules, including the company substance abuse policy, and that failure to comply will result in disciplinary action up to and including termination. I understand and agree that my employment is on an "at will" basis and that the employment relationship may be terminated by the company, or by me, at any time for any reason, with or without cause or notice. I further understand that no exceptions to this policy will be honored or recognized unless contained in a written agreement signed by a director of the company and the affected employee. Any verbal representations to the contrary are invalid and should not be relied upon.

I authorize the company to obtain an investigative consumer report on me, after an offer of employment is made, but before reporting to work, as defined by the Fair Credit Reporting Act. This report may include information pertaining to my safety and driving record. I understand that if any such inquiry is made, further information as to its nature and scope will be supplied upon written request.

I have carefully read the information on this form, I realize I had the opportunity to ask questions about it and I understand what it means.

Signature of Applicant

Date