



Employment Application

Position(s) applied for _____

(PLEASE PRINT) APPLICANT INFORMATION

** COMPLETE ALL AREAS. IF IT DOES NOT APPLY ANSWER "NONE" OR "N/A" **

Full Name: _____ Date: _____
Last First M.I.

Address: _____
Street Address Apartment/Unit #
City State ZIP Code

Telephone # _____ Mobil # _____

Date Available: _____ Social Security No.: _____ Desired Salary: \$ _____

Driver's License # _____ State _____ Valid? YES NO
YES NO

If you are under 18 and if required can you furnish a work permit? YES NO DOB: _____

If no please explain: _____

Are you able to meet the attendance requirements of the position applying for? YES NO

Are you a citizen of the United States? YES NO If no, are you authorized to work in the U.S.? YES NO

Have you ever worked for this company? YES NO If yes, when? _____

Have you ever applied for employment to this company before? YES NO

Are you presently employed? _____ If yes, where? _____ How Long? _____

Do you speak any foreign language fluently? _____

Have you ever been convicted of a felony? YES NO If yes explain: _____

(Answering yes to this question does not automatically disqualify you for employment. Factors such as the seriousness of the offense and the date and rehabilitation and position applied for will be taken into consideration.)

In the past five years, have you ever been cited for a work-related safety violation? Yes No

If yes, when and give a brief description: _____

EDUCATION

High School: _____ Address: _____

From: _____ To: _____ Did you graduate? YES NO Diploma: _____

College: _____ Address: _____

From: _____ To: _____ Did you graduate? YES NO Degree: _____

SKILLS AND QUALIFICATIONS

Summarize any training, skills, licenses and/or certificates that may qualify you as being able to perform job-related functions in the position for which you are applying.

REFERENCES

List three people, not related to you, for personal references that you have known for at least 1 year.

Name	Address	Business	Phone #	Years known
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(List from most recent)

PREVIOUS EMPLOYMENT

Company: _____ Phone: _____

Address: _____ Supervisor: _____

Job Title: _____ Starting Salary:\$ _____ Ending Salary:\$ _____

Responsibilities: _____

From: _____ To: _____ Reason for Leaving: _____

Company: _____ Phone: _____

Address: _____ Supervisor: _____

Job Title: _____ Starting Salary:\$ _____ Ending Salary:\$ _____

Responsibilities: _____

From: _____ To: _____ Reason for Leaving: _____

Company: _____ Phone: _____

Address: _____ Supervisor: _____

Job Title: _____ Starting Salary:\$ _____ Ending Salary:\$ _____

Responsibilities: _____

From: _____ To: _____ Reason for Leaving: _____

PHYSICAL RECORD

Have you had any injury in the past five (5) years that would limit you from performing you assigned inspection activities? YES / NO

If yes provide explanation:

Are you currently being treated by a doctor, therapist or other medical professional for an injury or any other physical ailment? YES / NO

If yes provide explanation:

Have you ever had any surgical procedures? YES / NO

If yes provide type and year:

Have you ever had any surgical procedures recommended but not completed? YES/NO

If yes provide type and year:

How do you rate your general health?

- Excellent _____
- Good _____
- Fair _____

Do you feel that you are physically capable of performing your assigned inspection activities? YES / NO

If no provide explanation:

List any previous diagnosed medical conditions _____

List any current medications _____

EMERGENCY CONTACT

Who may we contact in case of emergency?

NAME: _____

ADDRESS: _____

PHONE: _____

MILITARY SERVICE

Branch: _____ From: _____ To: _____

Rank at Discharge: _____ Type of Discharge: _____

If other than honorable, explain: _____

APPLICATION STATEMENT

I certify that all information I have provided in order to apply for and secure work with the employer is true, complete, and correct.

I understand that any information provided by me that is found to be false, incomplete or misrepresented in any respect, will be sufficient cause to (1) cancel further consideration of this application, or (2) immediately discharge me from employer's service, whenever it is discovered.

I expressly authorize, without reservation, the employer, its representatives, employees or agents to contact and obtain information from all references (personal and professional), employees, public agencies, licensing authorities and educational institutions and to otherwise verify the accuracy of all information provided by me in this application, resume, or job interview. I hereby waive any and all rights and claims I may have regarding the employer, its agents, employees, or representatives, for seeking, gathering and using such information in the employment process and all other persons, corporations, or other organizations for furnishing such information about me.

If I am hired, I understand that I am free to resign at any time, with or without cause and without prior notice, and the employer reserves the same right to terminate my employment at any time, with or without cause and without prior notice, except as may be required by the law. This application does not constitute an agreement or contract for employment for any specified period and that no implied, oral or written agreement contrary to the foregoing express languages are valid, unless they are in writing and signed by the employer's representative.

I also understand that if I am hired, I will be required to pass a pre-employment drug screen and also provide legal authority to work in the United States and that federal immigration laws require me to complete an I-9 form in this regard.

DO NOT SIGN UNTIL YOU HAVE READ THE ABOVE STATEMENT:

I certify that I have read, fully understand and accept all terms of the forgoing Application Statement.

Signature of Applicant _____

Date _____



Inspection Services

**PRE-EMPLOYMENT/BACKGROUND INVESTIGATION
INQUIRY RELEASE**

In connection with my application for employment (including contract for services) with you, I understand that investigative background inquiries are to be made on myself including consumer credit, criminal convictions, motor vehicle, and other reports. These reports will include information as to my character, work habits, performance and experience along with reasons for termination of past employment from previous employers. Further, I understand that you will be requesting information from various Federal, State, and other agencies which maintain records concerning my past activities relating to my driving, credit, criminal, civil and other experiences.

I authorize without reservation, any party or agency contacted by this employer to furnish the above mentioned information.

I further authorize any party or agency contacted by this employer to share my personal information with other individuals or organizations as necessary to complete the background investigation.

I hereby consent to your obtaining the above information from any licensed agent. I understand to aid in the proper identification of my file or records, the following information, as well as other information, is necessary.

I understand I may request to view the file maintained by American Substance Abuse Professional Drug Solutions (ASAP) 455 East Carson Plaza Dr., Carson, CA 90746 Phone # (562) 624-2720 Fax # (562) 624-2724 as applicable.

Check box if you would like a copy of any report obtained by Weld Spec, Inc.

Print Full Name _____

Soc. Sec. # _____ Date of Birth _____ Sex _____

Current Address _____

City/State/Zip _____

Driver's Lic. # _____ State _____

Name of High School/City & State/Year Graduated _____

Name (3) personal references not related to you or not living with you (Include Address & Phone #)

Name of Previous Employer _____

Prospective Employer/Employer _____

Applicants Signature _____ Date: _____