



JOB APPLICATION

APPLICANT INFORMATION

NAME (FIRST, MI, LAST)

SOCIAL SECURITY NUMBER

MAILING ADDRESS

TELEPHONE

CITY, STATE, & ZIP CODE

ALTERNATE TELEPHONE

EMAIL

CURRENTLY EMPLOYED?

IF UNDER 18, LIST AGE

POSITION INFORMATION

POSITION(S) APPLYING FOR:

DESIRED HOURLY/SALARY:

DESIRED HOURS/WEEK:

HOURS AVAILABLE	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY	SATURDAY
FROM						
TO						

ADDITIONAL INFORMATION

HAVE YOU EVER BEEN EMPLOYED WITH DG WELDING & DESIGN, LLC?

YES

NO

ARE YOU A U.S. CITIZEN, PERMANENT RESIDENT, OR A FOREIGN NATIONAL WITH AUTHORIZATION TO WORK IN THE UNITED STATES?

YES

NO

HAVE YOU EVER BEEN CONVICTED OF, OR ENTERED A PLEA OF GUILTY, NO CONTEST, OR HAD A WITHHELD JUDGEMENT TO A FELONY?

YES

NO

IF YES, PLEASE EXPLAIN:

DO YOU HAVE A VALID DRIVERS'S LICENSE?

YES

NO

DRIVER'S LICENSE NUMBER

ISSUING STATE

HAVE YOU HAD ANY ACCIDENTS OR DUI CONVICTIONS IN THE PAST THREE YEARS? PLEASE LIST.

HAVE YOU HAD ANY MOVING VIOLATIONS IN THE PAST THREE YEARS? PLEASE LIST.

EDUCATION

HIGH SCHOOL OR GED	GRADE COMPLETED	DIPLOMA DATE
LOCATION (ADDRESS)		
COLLEGE OR BUSINESS/TRADE SCHOOL	DATES ATTENDED	
LOCATION (ADDRESS)		
YEARS COMPLETED	MAJOR/AREA OF STUDY	DEGREE OR DIPLOMA & DATE
COLLEGE OR BUSINESS/TRADE SCHOOL	DATES ATTENDED	
LOCATION (ADDRESS)		
YEARS COMPLETED	MAJOR/AREA OF STUDY	DEGREE OR DIPLOMA & DATE
COLLEGE OR BUSINESS/TRADE SCHOOL	DATES ATTENDED	
LOCATION (ADDRESS)		
YEARS COMPLETED	MAJOR/AREA OF STUDY	DEGREE OR DIPLOMA & DATE
COLLEGE OR BUSINESS/TRADE SCHOOL	DATES ATTENDED	
LOCATION (ADDRESS)		
YEARS COMPLETED	MAJOR/AREA OF STUDY	DEGREE OR DIPLOMA & DATE

ADDITIONAL TRAINING

PLEASE LIST ANY ADDITIONAL TRAINING OR CERTIFICATIONS

MILITARY

HAVE YOU EVER BEEN IN THE ARMED FORCES?

DATE ENTERED	DATE DISCHARGED		
ARE YOU NOW A MEMBER OF THE NATIONAL GUARD?	<input type="checkbox"/> YES	<input type="checkbox"/> NO	SPECIALTY:

WORK EXPERIENCE

PLEASE LIST WORK EXPERIENCE BEGINNING WITH YOUR MOST RECENT JOB HELD. ATTACH ADDITIONAL SHEETS IF NECESSARY.

COMPANY	NAME OF LAST SUPERVISOR	HRS/WEEK
ADDRESS	START DATE	START SALARY
CITY	END DATE	END SALARY
TELEPHONE	YOUR LAST JOB TITLE	
REASON FOR LEAVING (PLEASE BE SPECIFIC)		

LIST JOBS HELD, DUTIES PERFORMED, SKILLS USED OR LEARNED, AND ADVANCEMENTS OR PROMOTIONS RECEIVED

MAY WE CONTACT THIS EMPLOYER?

COMPANY	NAME OF LAST SUPERVISOR	HRS/WEEK
ADDRESS	START DATE	START SALARY
CITY	END DATE	END SALARY
TELEPHONE	YOUR LAST JOB TITLE	
REASON FOR LEAVING (PLEASE BE SPECIFIC)		

LIST JOBS HELD, DUTIES PERFORMED, SKILLS USED OR LEARNED, AND ADVANCEMENTS OR PROMOTIONS RECEIVED

MAY WE CONTACT THIS EMPLOYER?

WORK EXPERIENCE (CONTINUED)

COMPANY	NAME OF LAST SUPERVISOR	HRS/WEEK
ADDRESS	START DATE	START SALARY
CITY	END DATE	END SALARY
TELEPHONE	YOUR LAST JOB TITLE	
REASON FOR LEAVING (PLEASE BE SPECIFIC)		

LIST JOBS HELD, DUTIES PERFORMED, SKILLS USED OR LEARNED, AND ADVANCEMENTS OR PROMOTIONS RECEIVED

MAY WE CONTACT THIS EMPLOYER?

WELDING & FABRICATION SKILLS

WELDING SKILLS					SHOP SKILLS				
SKILL LEVEL	NONE	LOW	AVERAGE	HIGH	SKILL LEVEL	NONE	LOW	AVERAGE	HIGH
MIG					MEASURING				
TIG					SHOP MATH				
BRAZING					PIPE FITTING				
PLASMA TORCH					MILLING MACHINE				
OXY/ACETYLENE					METAL LATHE WORK				
					WOOD WORKING				
METALS					SHEET METALWORK				
MILD STEEL					READING PLANS				
STAINLESS STEEL									
ALUMINUM									
BRASS									

WELDING TESTS

MARK WELD TEST YOU HAVE PASSED IN THE LAST 12 MONTHS.	IN HOUSE WELD TEST (OFFICE USE ONLY)
<input type="checkbox"/> ASME <input type="checkbox"/> AWS <input type="checkbox"/> API	
MARK WELD TEST YOU HAVE PASSED IN THE LAST 2 YEARS.	
<input type="checkbox"/> ASME <input type="checkbox"/> AWS <input type="checkbox"/> API	

REFERENCES

PLEASE DO NOT LIST FAMILY MEMBERS AND FORMER EMPLOYERS.

NAME	TELEPHONE	RELATIONSHIP
1		FORMER CO-WORKER
2		
3		

ACKNOWLEDGE & AGREE

BY SIGNING THE EMPLOYMENT APPLICATION, YOU ACKNOWLEDGE AND AGREE AS FOLLOWS:

APPLICATION PERIOD:

I understand that this application is good for sixty (60) days from today's date. If I still desire a position after this application expires, it will be my duty to fill out a new application and file it with DG Welding & Design, LLC.

INFORMATION RELEASE:

DG Welding & Design, LLC. , in considering my application for employment, may verify the information in this application and obtain additional background information, which may include investigation of references, former employment, investigative credit report and criminal record background check. I authorize the all persons, schools, companies and law enforcement agencies to supply any information concerning my background and I release all such parties from liability from any damage which may result from furnishing such information to DG Welding & Design, LLC.

DRUG SCREENING POLICY AND STATEMENT:

I understand that DG Welding & Design, LLC. may require a drug screening test as a part of its selection and hiring process. I also understand that such drug screening will consist of the taking of urine, or other medically recognized test designed to detect traceable amounts of a controlled substance in my body. If the results do not indicate a satisfactory specimen and negative results, I will be disqualified from further consideration for employment. I give my consent to DG Welding & Design, LLC. to administer any drug screening procedures to me, and to use the results in further determining my employment. I acknowledge and agree that I will be subject to drug screening upon reasonable suspicion as a condition of my employment.

CONDITIONS OF EMPLOYMENT:

I understand that if I am employed, any misrepresentation or omission of material facts on this application is sufficient cause for dismissal. I agree to conform to the rules and regulations of DG Welding & Design, LLC. and understand that if hired, I will be a "terminable-at-will" employee, and that my employment and compensation can be terminated with or without cause and with or without notice, at any time at the option of either DG Welding & Design, LLC. or myself. The "at will" nature of any employment with DG Welding & Design, LLC. may not be modified without an express written contract of employment signed by an authorized company representative.

I CERTIFY THAT ALL ANSWERS AND STATEMENTS ON THIS APPLICATION ARE TRUE AND COMPLETE TO THE BEST OF MY KNOWLEDGE.

SIGNATURE

DATE
