

Application for Employment

An Equal Opportunity Employer

Position Desired

Job Status

 Full-time Part-time Seasonal

Preferred Areas

 Welding Fitting Polishing
 Road Crew Shop Office
 No Preference
 Other: _____

Personal Information

Date: _____

 Your Name: _____
First Name M.I. Last Name

Address: _____

City, State Zip: _____

Mobile Phone: _____ Home Phone: _____

 Are you currently employed? Yes No When can you start? _____

 Have you applied to this company before? Yes No If so, when (mm/yy): _____

 Are you willing to travel? Yes No If not, reason: _____

How did you find out about the position?

 Newspaper _____ Website (Name) : _____ Referred by (Name): _____ Other: _____

Drug Free Workplace Acknowledgement

Stainless Technologies is a Drug Free Workplace. A condition of employment is you must be drug free. Upon acceptance of a job offer and before you start employment you have to pass a drug screen. If you do not pass the pre-employment drug screen you will not be employed by Stainless Technologies.

 I will abide by the statement above: **X** _____ Date: _____

Education and Training

Institution	Name and Location of Institution (City & State)	Diploma/Degree	Area of Study or Relevant Coursework
High School:			
Trade School:			
College:			
Other:			

 OSHA Certifications: OSHA 10 Card OSHA 30 Card Other: _____

Work Experience (beginning with most recent)

Position	From	To	Name and Location of Employer (City & State)	Salary	Reason for Leaving

 May we contact these any of these employers? Yes No If not, who should we avoid: _____

References

Name, Business and Title	Contact Information (phone)	Relationship to You	Years Known

Pertinent Experience

Check or Describe: MIG Welding TIG Welding Stick Welding Pipe Fitting Rigging CAD

Do you hold certificate(s) or license(s) related to these skills? Yes No

Equipment You Can Operate

Check or Describe: Orbital Welder Fork Lift Aerial Lift Scissor Lift Telescoping Fork Lift (Lull)

Do you hold certificate(s) related to operating this equipment? Yes No

Other Things You Want Us To Know

This is optional

Background Questions

Do you have a valid Driver License? Yes No If not, how will you get to work? _____

In the last five years have you had any driving citations? Yes No If so, number and nature of citations: _____

Driver License #: _____ State of Issue: _____ Expiration Date: _____

Have you ever been convicted of a crime? Yes No If so, nature of offense: _____

Authorization To Review Official Records

We are requesting your authorization to access your official records for the purposes of verifying the information on this application and, should you become an employee, for the purpose of complying with ongoing regulatory requirements. Our contracts with food and pharmaceutical companies require that we review the backgrounds of employees assigned to their worksites. Insurance requirements and DOT regulations require regular reviews of the driving records of every employee who may drive on behalf of the company.

I authorize Stainless Technologies to collect official records needed to investigate claims made on this application. Should I become an employee of Stainless Technologies, this authorization will be extended for the term of my employment. This authorization precludes information protected by the ADA or other relevant federal and state laws.

Signature of Applicant: X _____ Date: _____

Thank you for completing this application.

This section is for Hiring Manager use.

Rates a Weld Test? Yes No Weld Test Date: _____ Weld Test Score: Passed Promising Failed
Rates an Interview? Yes No Passed Background: Yes No Interview Date: _____
Arrived on Time? Yes No Communication Skills? Engaging Average Poor
Came Prepared? Yes No Understanding of Position? Solid Average Poor

Notes: _____

Hiring Checklist (Required)

Make Offer? Yes No Position: _____ Offer Amt: _____
Offer Accepted? Yes No To Do: Perform Drug Screen Complete Setup Forms Setup Onboarding Mtg Deliver Handbook Pay Rate: _____
Drug Screen Result: Pass Fail
Starting Date: _____

Hiring Manager: X _____ Date: _____