



EMPLOYMENT APPLICATION

An Equal Opportunity Employer

Equal access to employment, programs and services is available to all applicants. If you require reasonable accommodation to the application and/or interview process, please notify a representative of Weldall.

It is the intent of Weldall to comply with all State and Federal requirements and to operate within the law in the implementation of all facets of Equal Employment Opportunity. In the recruitment, selection, training, promotion, termination or any other personnel action, there will be no discrimination on the basis of sex, color, ancestry, disability, marital status, race, creed (religion), age (over 40), use of lawful products, arrest or conviction record, honesty testing, national origin, pregnancy or childbirth, sexual orientation, genetic testing, or military service membership, or any other areas covered under State or Federal law; to the extent prohibited by law. Do not include information of that nature in the application. It is the intention of Weldall that all qualified applicants be given equal opportunity and that selection decisions be based on job-related factors.

Last Name:		First Name:		Middle Initial:
Street Address:		City:	State:	Zip Code:
Daytime Phone:		Are you legally authorized to work in the United States? Yes <input type="checkbox"/> No <input type="checkbox"/>		
Position applying for:		Reason you are looking for employment:		
Shift Available for Work: 1 st <input type="checkbox"/> 2 nd <input type="checkbox"/> Any <input type="checkbox"/>		Shift Preference: 1 st <input type="checkbox"/> 2 nd <input type="checkbox"/> Any <input type="checkbox"/>		Wage/Salary Desired:
Are you at least 18 years old? Yes <input type="checkbox"/> No <input type="checkbox"/>		If position requires vehicle operation, do you have a valid driver's license? Yes <input type="checkbox"/> No <input type="checkbox"/> Number: _____		
How did you hear about Weldall?			Date you are available for work:	
Have you ever been convicted of a felony? Yes <input type="checkbox"/> No <input type="checkbox"/>		<i>Information used only if relevant to position(s) you are applying for.</i>		
If yes, please explain:				
Are you awaiting trial for a current arrest? Yes <input type="checkbox"/> No <input type="checkbox"/>		<i>Convictions/pending arrests do not automatically disqualify an applicant.</i>		
If yes, please explain:				

Education	School Name	Major	Graduated	Years Completed
High School			Yes <input type="checkbox"/> No <input type="checkbox"/>	
College			Yes <input type="checkbox"/> No <input type="checkbox"/>	
Vocational			Yes <input type="checkbox"/> No <input type="checkbox"/>	
Other			Yes <input type="checkbox"/> No <input type="checkbox"/>	

EMPLOYMENT HISTORY (Please list most recent first) *** COMPLETE EVEN IF RESUME ATTACHED ***					
Company Name:		Phone Number: ()	City:	State:	From: To:
Job Title:		Immediate Supervisor:		Pay Rate: Start: _____ End: _____	
Reason for Leaving:					
Your Position and Duties: _____					

CONTINUED ON BACK

EMPLOYMENT HISTORY CONTINUED *** COMPLETE EVEN IF RESUME ATTACHED ***				
Company Name:	Phone Number: ()	City:	State:	From: To:
Job Title:	Immediate Supervisor:		Pay Rate: Start: _____ End: _____	
Reason for Leaving:				
Your Position and Duties: _____				
Company Name:	Phone Number: ()	City:	State:	From: To:
Job Title:	Immediate Supervisor:		Pay Rate: Start: _____ End: _____	
Reason for Leaving:				
Your Position and Duties: _____				
Company Name:	Phone Number: ()	City:	State:	From: To:
Job Title:	Immediate Supervisor:		Pay Rate: Start: _____ End: _____	
Reason for Leaving:				
Your Position and Duties: _____				
Must explain all lapses/gaps in employment				
Dates / / to / /				
Dates / / to / /				
Dates / / to / /				

Applications remain active for 30 days.

Please read the paragraphs below. If you agree to the conditions contained in the paragraphs, sign on the signature line at the bottom of this page.

STATEMENT OF DISCLOSURE: I attest that the information provided by me in this application is true and complete to the best of my knowledge. I understand that if I am employed, any false statements or omissions will lead to immediate dismissal. I agree that Weldall will not be held liable in any respect if my employment is terminated for that reason. I understand and agree that if hired, my employment will not be for any fixed period of time and may be terminated at any time without prior notice and without cause. I also understand that any offer of employment may be conditioned on the results of a physical examination and/or drug test. I understand that this application will remain "active" for 30 days and if I want to be considered for employment beyond that time I must fill out another application.

DRUG SCREENING: I hereby agree to submit to medical testing for the presence of illegal drugs, alcohol, or prescription medication taken without a prescription. I will hold all parties concerned harmless, meaning I will not sue or hold anyone responsible for any alleged harm to me as a result of not submitting to the testing or the reported results of the testing. This includes, but is not limited to, possible clerical or laboratory error. I understand that Weldall requires a post-offer/pre-employment drug test and whenever an employee is suspected of being under the influence of drugs or alcohol when on duty or company premises, in accordance with Weldall's policy and this authorization and consent. This policy and authorization is in a language I understand, and I understand that if I have questions I should ask them before signing below.

REFERENCE RELEASE: I authorize Weldall to investigate my character, qualifications, past employment, education, and activities. I release from all liability, any person, company, corporation, school, or government agency supplying such information. I understand that the employment information may include, but is not limited to, performance evaluations and reports, attendance records, job descriptions, disciplinary actions and opinions regarding my suitability for employment. I recognize that a copy of this authorization and release is as valid as the original and should be considered as such.

EMPLOYMENT-AT-WILL: I acknowledge that Weldall employees are governed by an "at-will" relationship, which means both the company and you have the right to terminate the employment relationship at any time, for any reason, with or without notice."

Signature

_____/_____/_____
Date