



Application for Employment

TODAY'S DATE: \_\_\_\_\_

NAME Last: \_\_\_\_\_ First: \_\_\_\_\_ M.I.: \_\_\_\_\_ TELEPHONE: (\_\_\_\_) \_\_\_\_\_

CURRENT ADDRESS: Street: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Area Code

SOCIAL SECURITY NO: \_\_\_\_\_ Have you ever applied for work with us before? Yes: No:

If yes when?: \_\_\_\_\_ List anyone you know who works with us: \_\_\_\_\_

Did anyone refer you? \_\_\_\_\_

Are you 18 years of age or older? Yes: No: Are you authorized to work in the United States ? Yes: No:

Have you ever been convicted for a crime? Yes: No: If yes, explain: \_\_\_\_\_

Are there any felony charges pending against you now? Yes: No: If yes describe: \_\_\_\_\_

**EDUCATION**

SCHOOL	Years Attended	NAME OF SCHOOL	CITY, STATE	COURSE	DID YOU GRADUATE ?
GRAMMAR					
HIGH					Yes: No:
COLLEGE					Yes: No:
OTHER					Yes: No:

Do you have any skills, qualifications or experiences which you feel would especially fit you for working with us ? \_\_\_\_\_

U.S. Armed Forces Service ? Yes: No: From: To: Branch of Service: \_\_\_\_\_

Duties: \_\_\_\_\_ Rank or rating at time of enlistment: \_\_\_\_\_

Rank at time of discharge: \_\_\_\_\_ Were you dishonorably discharged? Yes: No:

If yes, explain: \_\_\_\_\_

Job(s) applied for: 1. \_\_\_\_\_ Rate of pay expected \$ \_\_\_\_\_ per \_\_\_\_\_  
 2. \_\_\_\_\_ Rate of pay expected \$ \_\_\_\_\_ per \_\_\_\_\_

Do you want to work: Full-Time: \_\_\_\_\_ Part-Time: \_\_\_\_\_ ?

If applying only for part-time, what days and hours ? \_\_\_\_\_

Are you able to do the job(s) for which you are applying ? Yes: No:

If not, please explain: \_\_\_\_\_

If hired, when can you start ?

If applying for a welding, fabricator or delivery position, are there any accommodations needed for heavy manual labor ? \_\_\_\_\_

**EMPLOYMENT HISTORY**

Please list your most recent employment first. Add another sheet if necessary. History must be the last three year's.

Drivers shall provide an additional seven year's information on employers for whom the applicant operated a commercial vehicle.

Name & Address Of Employer:	
Dates of Employment: From: To:	Type of Work Done:
Supervisor's Name & Phone No.:	Final Salary:
Reasons for Leaving:	

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Dates of Employment: From:            To:	Type of Work Done:
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Dates of Employment: From:            To:	Type of Work Done:
Supervisor's Name & Phone No.:	Final Salary:
Reasons for Leaving:	

How many days have you been absent from work in the past 3 year's ? \_\_\_\_\_

Would you be willing to take a physical examination ? Yes:      No:

If applicant lives out of area would you be willing to relocate? Yes:      No:

**REFERENCES - 3 Req.**

Name	Address & Telephone No.	Occupation

**EXPERIENCE**

Do you Have experience in the following?

Reading Blue Prints ? Yes:      No:      If Yes: explain: \_\_\_\_\_

Welding ? Yes:      No:      Type: Arc:      Mig:      Tig:

Steel Fabrication ? Yes:      No:      If Yes: explain : \_\_\_\_\_

Structural Steel Fabrication ? Yes:      No:      If Yes: explain : \_\_\_\_\_

Steel Layout? Yes:      No:      Staircases:      Railings:

Ornamental Iron ? Yes:      No:      If Yes: explain : \_\_\_\_\_

Steel Erection ? Yes:      No:      If Yes: explain : \_\_\_\_\_

List courses, training or certifications you have completed: \_\_\_\_\_

**DRIVING RECORD**

**THIS SECTION, AS WELL AS THE FOLLOWING PAGE, MUST BE COMPLETED FOR POSITIONS THAT REQUIRE DRIVING A COMPANY VEHICLE.**

\*Date of Birth \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ \*Can you provide proof of age ? \_\_\_\_\_

\* Information required for driving records check only.

Collision record for the past (3) years (attach sheet if more space is needed).

Dates	Nature of Collision	Injuries/Fatalities	Vehicle Type	
			(commercial or Personal)	
Last Collision			Commercial:	Personal:
Next Previous			Commercial:	Personal:
Next Previous			Commercial:	Personal:

**DRIVER LICENSES**

State Issued: _____	License No.: _____	Type: CDL:	Class C:	Expires:
State Issued: _____	License No.: _____	Type: CDL:	Class C:	Expires:
State Issued: _____	License No.: _____	Type: CDL:	Class C:	Expires:

A. Have you ever been denied a license, permit or privilege to operate a motor vehicle ? Yes: No:

B. Has any license, permit of privilege ever been suspended or revoked ? Yes: No:

C. List any trucking, transportation or other experience that may help in your work for this company. \_\_\_\_\_

**APPLICANT'S CERTIFICATION AND AGREEMENT**

PLEASE READ EACH SECTION CAREFULLY AND CHECK THE BOX:

- 1 **AUTHORIZATION FOR EMPLOYMENT/EDUCATIONAL INFORMATION** I authorize the references listed in this Application for employment, and any prior employer, educational institution, or any other persons or organizations to give Couturier Iron Craft, Inc. any and all information concerning my previous employment /educational accomplishments, disciplinary information or any other pertinent information they may have, personal or otherwise, and release all parties from all liability for any damage that may result from furnishing same to you. I hereby waive written notice that employment information is being provided by any person or organization.
- 2 **EMPLOYMENT AT WILL.** If I am hired, in consideration of my employment, I agree to abide by the rules and policies of Couturier Iron Craft, Inc. , including any changes made from time to time, and agree 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 Couturier Iron Craft, Inc. or myself. I understand that no manager or other representative of Couturier Iron Craft, other than the President has any Authority to enter into any agreement for employment for any specific or indefinite period of time, or to make any agreement contrary to the foregoing. Any such agreement made by the president must be made in writing to be effective.
- 3 **AUTHORIZATION TO WORK.** If I am selected for hire, I will be offered employment provided I verify that I am authorized to work as required by the Immigration Reform Control Act of 1986.
- 4 **LIMITATIONS ON CLAIMS.** I agree that any actions or suit against Couturier Iron Craft arising out of my employ- ment or termination of employment, including but not limited to claims arising under State and Federal civil rights statutes, must be brought within 180 days of the event giving rise to the claim or be forever barred. I waive any statute of limitations to the contrary.
- 5 **NEED FOR ACCOMMODATION.** If I am a handicapper who requires an accommodation to perform the job, I must notify Couturier Iron Craft of that need within 182 days after I knew or reasonably should have known that an accommodation was needed. Failure to do so will bar me from alleging that Couturier Iron Craft has not accommodated me as required by law.
- 6 **CRIMINAL RECORDS CHECK.** I agree to execute an authorization for Couturier Iron Craft to secure criminal conviction history from the appropriate law enforcement agency, should Couturier Iron Craft determine it is necessary to do so.
- 7 **RELEASE OF MEDICAL INFORMATION.** I authorize every medical doctor, physician or other provider to provide any and all information, including but not limited to, all medical reports, laboratory reports, X-rays or clinical abstracts relating to my previous health history or employment in connection with my examination, consultation, test or evaluation. I hereby release every medical doctor, healthcare personnel and every other person, firm, office, corporation, association, organization or institution which shall comply with the authorization or request made in this respect from any and all liability. I understand that this release will not be sent to my physician or other health care provider until a job offer has been made.
- 8 **PHYSICAL EXAM AND DRUG AND ALCOHOL TESTING.** I agree to take a physical exam and authorize Couturier Iron Craft or its designated agent(s) to withdraw specimen(s) of my blood, urine or hair for chemical analysis. One purpose of this analysis is to determine or exclude the presence of alcohol, drugs, or other substances. I authorize the release of the test

results to Couturier Iron Craft. I understand that decisions concerning my employment will be made as a result of these tests.

9

**CONSIDERATION FOR EMPLOYMENT.** I understand that my application will be considered pursuant to Couturier Iron Craft's normal procedures for a period of (30) days. If I am still interested in employment thereafter, I must re-apply.

10

**DRIVING RECORDS CHECK.** If applying for a position that requires driving a company vehicle, I authorize Couturier Iron Craft, Inc. and its agents the authority to make investigations and inquiries of my driving record.

11

**CERTIFICATION OF TRUTHFULNESS.** I certify that all statements on this application for employment are completed by me and to the best of my knowledge are true, complete, without evasion, and further understand and agree that such statements may be investigated and if found to be false will be sufficient reason for not being employed, or if employed may result in my dismissal. I have read and understood items (1) through (11) inclusive, and acknowledge that with my signature below.

In compliance with Federal and State equal employment opportunity laws, qualified applicants are considered for all positions without regard to race, color, religion, sex, national origin, age, marital status or the presence of a non-job related medical condition or handicap.