

**AN EQUAL OPPORTUNITY EMPLOYER
APPLICATION FOR EMPLOYMENT**

Date: _____

PERSONAL INFORMATION

NAME: _____ Email Address: _____

PRESENT ADDRESS: _____
(Number Apt. # / Street / City / State / Zip)

PHONE # _____

POSITION DESIRED: _____ Desired Pay Rate Range: \$ ____ - ____.

ARE YOU 18 YEARS OR OLDER? YES NO

ARE YOU EITHER A U.S. CITIZEN OR AN ALIEN
AUTHORIZED TO WORK IN THE UNITED STATES? YES NO

ARE YOU EMPLOYED NOW? YES NO

WHO REFERRED YOU TO LYNN WELDING COMPANY ?
NEWSPAPER AD _____ FRIEND _____ WALKED IN _____ WEBSITE _____

EDUCATIONAL INFORMATION

NAME & LOCATION OF SCHOOL NUMBER OF YEARS ATTENDED: GRADUATE?

HIGH SCHOOL: _____ 1 YES
_____ 2 NO
_____ 3
_____ 4

COLLEGE: _____ 1 YES
_____ 2 NO
_____ 3
_____ 4

TRADE OR BUSINESS SCHOOL: _____ 1 YES
_____ 2 NO
_____ 3
_____ 4

SPECIAL TRAINING OR SKILLS: _____

RESUME ATTACHED: YES / NO

If the resume is attached, please skip this page.

WORK INFORMATION
START WITH CURRENT OR MOST RECENT EMPLOYER

COMPANY NAME: _____

STARTING DATE: _____ LEAVING DATE: _____

NAME AND TITLE OF SUPERVISOR: _____

DESCRIPTION OF WORK: _____

REASON FOR LEAVING:

COMPANY NAME: _____

STARTING DATE: _____ LEAVING DATE: _____

NAME AND TITLE OF SUPERVISOR: _____

DESCRIPTION OF WORK: _____

REASON FOR LEAVING:

COMPANY NAME: _____

STARTING DATE: _____ LEAVING DATE: _____

NAME AND TITLE OF SUPERVISOR: _____

DESCRIPTION OF WORK: _____

REASON FOR LEAVING: _____

Please, Check All Skills That You Have Work Experience In:

Mechanical- Hand and Small Tools		Tape Measure		Welding-MIG	
Manufacturing		First Piece		Welding-TIG	
Blueprint Reading		Welding Inspection		Resistance Welding	
Basic Math		Machining Inspec.		CNC Operator	
Dial Calipers		Aerospace		WaterJet Cutting	
Vernier Calipers		Material Handling		Machine Repair	
Micrometers		Computer Skills		Light Electrical	
Cleaning		Maintenance		Multi-tasking	

DRUG AND ALCOHOL SCREENING

*** I UNDERSTAND THAT IF I AM A QUALIFIED CANDIDATE FOR A JOB OPENING, I WILL BE REQUIRED TO UNDERGO A DRUG AND ALCOHOL SCREENING WITH A SUBSEQUENT NEGATIVE RESULT AS A CONDITION OF EMPLOYMENT. THE SIGNING OF THIS FORM IS MY PERMISSION FOR LYNN WELDING COMPANY OR IT'S AGENT TO TAKE SAMPLES OF MY URINE AND PERFORM A DRUG SCREENING ON SUCH SAMPLES, AND TO TAKE SAMPLES OF MY BREATH AND PERFORM AN ALCOHOL SCREENING ON SUCH SAMPLES. FURTHER, I GIVE MY CONSENT FOR THE RELEASE OF THE TEST RESULTS TO AUTHORIZED COMPANY MANAGEMENT FOR APPROPRIATE REVIEW. ***

SIGNATURE: _____ DATE: _____
PRINT: _____ DATE: _____



AUTHORIZATION

*** I CERTIFY THAT THE FACTS CONTAINED IN THIS APPLICATION ARE TRUE AND COMPLETE TO THE BEST OF MY KNOWLEDGE AND UNDERSTAND THAT, IF EMPLOYED, FALSIFIED STATEMENTS ON THIS APPLICATION SHALL BE GROUNDS FOR DISMISSAL. I AUTHORIZE A BACKGROUND CHECK INCLUDING BUT NOT LIMITED TO AN INVESTIGATION OF ALL STATEMENTS CONTAINED HEREIN AND THE EMPLOYERS LISTED TO GIVE YOU ANY AND ALL INFORMATION CONCERNING MY PREVIOUS EMPLOYMENT AND ANY 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 UNDERSTAND AND AGREE THAT, IF HIRED, MY EMPLOYMENT IS FOR NO DEFINITE PERIOD AND MAY, REGARDLESS OF THE DATE OF PAYMENT OF MY WAGES AND SALARY, BE TERMINATED AT ANY TIME WITHOUT ANY PRIOR NOTICE. ***

SIGNATURE: _____ DATE: _____
PRINT: _____ DATE: _____

FOR INTERVIEWERS USE

REMARKS AS A RESULT OF INTERVIEWS AND FURTHER INVESTIGATION:

HIRE:	YES	NO	POSITION: _____
SALARY:	WORKING HOURS: _____		
DATE TO REPORT: _____			