



WELDING WORKS

32 New Road • Madison, CT 06443
(203) 245-2731

We are an Equal Opportunity Employer and committed to excellence through diversity.

APPLICATION FOR EMPLOYMENT

It is our policy to comply with all applicable state and federal laws prohibiting discrimination in employment based on race, age, color, sex, religion, national origin, disability, or other protected classifications.

By completing this application, you are seeking to join a team of hardworking professionals dedicated to consistently delivering outstanding service to our customers and contributing to the financial success of the organization, its clients, and its employees. Equal access to programs, services, and employment is available to all qualified persons.

Please read carefully. You will not be considered for employment if you fail to completely answer all the questions on this application.

“Employer” Welding Works & Schaefer Machine	Position Applying for:	Date of Application:
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Personal Information

Name _____

Address _____	City _____	State _____	Zip _____
Phone Number _____	Email Address _____		
Are you legally able to work in the U.S.? Yes <input type="checkbox"/> No <input type="checkbox"/>			

Education Please describe your educational background in the table provided below.

	School Name	Years Completed	Degree/Diploma	Area of Study
High School				
College/University				
Trade School				
Graduate/Professional School				
Other				

Employment Experience

Employer (1)		Start Date (mo/day/year)	End Date (mo/day/yr)
Job Title		Supervisor's Name	May we contact? <input type="checkbox"/> Yes <input type="checkbox"/> No
Phone Number	Address		
Reason for Leaving:			
Duties:			

Employer (2)		Start Date (mo/day/year)	End Date (mo/day/yr)
Job Title		Supervisor's Name	May we contact? <input type="checkbox"/> Yes <input type="checkbox"/> No
Phone Number	Address		
Reason for Leaving:			
Duties:			

Employer (3)		Start Date (mo/day/year)	End Date (mo/day/yr)
Job Title		Supervisor's Name	May we contact? <input type="checkbox"/> Yes <input type="checkbox"/> No
Phone Number	Address		
Reason for Leaving:			
Duties:			

Employer (4)		Start Date (mo/day/year)	End Date (mo/day/yr)
Job Title		Supervisor's Name	May we contact? <input type="checkbox"/> Yes <input type="checkbox"/> No
Phone Number	Address		
Reason for Leaving:			
Duties:			

Have you ever been involuntarily terminated or asked to resign from any job? Yes No

If yes, please explain:

Please explain any gaps in your employment history:

Special Skills List any special skills or experience that you feel would help you in the position that you are applying for (leadership, organizations/teams, etc.)

-
-
-
-
-

Business and Professional References

Please list three professional references of individuals who are not related to you. **(Required)**

Name and Title	Relationship	Phone Number	Email

Personal References

Please list three people who know you well.

Name and Title	Relationship	Phone Number	Email

General Information

1. Have you ever used another name? **Yes** **No**
2. Is any additional information relative to name changes, use of an assumed name, or nickname necessary to enable a check on your work and educational record? **Yes** **No**

a. If yes to either of the above, please explain:

3. Have you ever worked for this company before? **Yes** **No**

a. If yes, please give dates and position: _____

4. Do you have friends and/or relatives working for this company? **Yes** **No**

a. If yes, name(s) and relationship(s): _____

5. On what dates are you available to begin work? _____

6. Days/Hours available to work:

Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday

7. Are you available to work: **Full Time** **Part Time** **Shift Work** **Temporary**

8. If hired, would you have reliable means of transportation to and from work? **Yes** **No**

9. Can you travel if the position requires it? **Yes** **No**

10. Can you relocate if the position requires it? **Yes** **No**

11. Are you at least 18 years old? **Yes** **No**

a. *Note: if under 18, hire is subject to verification that you are of minimum legal age.*

12. If hired, can you present evident of your identity and legal right to work in this country? **Yes** **No**

13. Are you able to perform the essential job functions of the job for which you are apply with or without reasonable accommodation? **Yes** **No**

a. *Note: we comply with the ADA and consider reasonable accommodation measures that may be necessary for qualified applicants/employees to perform essential job functions.*

I certify that the facts set forth in this Application for Employment are true and complete to the best of my knowledge. I understand that if I am employed, false statements, omissions or misrepresentations may result in my dismissal. I authorize the Employer to make an investigation of any of the facts set forth in this application and release the Employer from any liability. The employer may contact any listed references on this application.

I acknowledge and understand that the company is an “at will” employer. Therefore, any employee (regular, temporary, or other type of category employee) may resign at any time, just as the employer may terminate the employment relationship with any employee at any time, with or without cause, with or without notice to the other party.

Applicant Name: _____

Applicant Signature: _____

Date: _____