

# Application for Employment



14918 Hwy 14  
Sterling, CO 80751  
970-522-7662  
fax 970-526-1144

We consider applications for all positions without regard to race, color, religion, creed, gender, national origin, age, disability, sexual orientation, citizenship status, genetic information or any other legally protected status.

(PLEASE PRINT)

Position(s) applied for	Date of Application
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How did you learn about us?		
<input type="checkbox"/> Advertisement	<input type="checkbox"/> Relative	<input type="checkbox"/> Inquiry
<input type="checkbox"/> Workforce Center	<input type="checkbox"/> Friend	<input type="checkbox"/> Other _____

Last Name	First Name	Middle Name
Address	Number	Street
	City	State
		Zip Code
Telephone Number(s)	Social Security Number (Voluntary)	
	_____ - _____ - _____	

Best time & phone number to contact you is:	time: _____ : _____ am / pm	phone: _____
If you are under 18 years of age, can you provide required proof of your eligibility to work?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Have you ever filed an application with us before?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
If Yes, give date: _____ / _____ / _____		
Have you ever been employed with us before?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
If Yes, give date: _____ / _____ / _____		
Do any of your friends or relatives, other than your spouse, work here?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Are you currently employed?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
May we contact your employer?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Are you prevented from lawfully becoming employed in this country because of Visa or Immigration Status?	<i>Proof of citizenship or immigration status will be required upon employment</i>	
	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Date available to work: _____ / _____ / _____	What is your desired salary range? _____	
Are you available to work:	<input type="checkbox"/> Full Time <input type="checkbox"/> Part Time (please indicate Mornings Afternoon Evenings) <input type="checkbox"/> Temporary (please indicate dates available _____ / _____ / _____ - _____ / _____ / _____ )	
Are you currently on "lay-off" status and subject to recall?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Can you travel if the job requires it?	<input type="checkbox"/> Yes	<input type="checkbox"/> No

WE ARE AN EQUAL OPPORTUNITY EMPLOYER

# Education

	Name/Location of School	Course of Study	Number of Years Completed	Diploma/Degree
Elementary School:				
High School:				
Undergraduate College:				
Graduate Professional:				
Other (Specify)				

Describe any specialized training, apprenticeship, skills and extra-curricular activities.

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Describe and job-related training received in the United States Military

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# Employment Experience

Start with your present or last job. Include any job-related military service assignments and volunteer activities. You may exclude organizations which indicate race, color, religion, gender, national origin, disabilities or other protected status.

1.	Employer	Dates Employed		Work Performed/Responsibilities
		From	To	
	Address			
	Telephone Number(s)	Hourly Rate/Salary		
		Starting	Final	
Job Title	Supervisor			
Reason for leaving				
2.	Employer	Dates Employed		Work Performed/Responsibilities
		From	To	
	Address			
	Telephone Number(s)	Hourly Rate/Salary		
		Starting	Final	
Job Title	Supervisor			
Reason for leaving				
3.	Employer	Dates Employed		Work Performed/Responsibilities
		From	To	
	Address			
	Telephone Number(s)	Hourly Rate/Salary		
		Starting	Final	
Job Title	Supervisor			
Reason for leaving				
4.	Employer	Dates Employed		Work Performed/Responsibilities
		From	To	
	Address			
	Telephone Number(s)	Hourly Rate/Salary		
		Starting	Final	
Job Title	Supervisor			
Reason for leaving				

If you need additional space, please continue on a separate sheet of paper.

List professional, trade, business, or civic activities and offices held.  
 You may include membership which would reveal gender, race, religion, national origin, age, ancestry, disability or other protected status:

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# Additional Information

Other Qualifications: Summarize special job-related skills and qualifications acquired from employment or other experience.

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Specialized Skills / Experience:

Welding:	Years experience:	<input type="checkbox"/> CDL	Other (list)	<input type="checkbox"/> Accounting
<input type="checkbox"/> Stick	_____	<input type="checkbox"/> Forklift	_____	<input type="checkbox"/> Typing WPM: _____
<input type="checkbox"/> MIG	_____	<input type="checkbox"/> Manlift	_____	<input type="checkbox"/> Spreadsheet
<input type="checkbox"/> TIG	_____	<input type="checkbox"/> Construction	_____	<input type="checkbox"/> Word Processing
		<input type="checkbox"/> Parts fabrication	_____	
		<input type="checkbox"/> Heights/Harness work	_____	

State any additional information you feel may be helpful to us in considering your application

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Note to Applicants: Do not answer this question unless you have been informed about the requirements of the job for which you are applying.

Can you perform the essential functions of the job for which you are applying, either with or without a reasonable accomodation?

Yes  No

References

1. \_\_\_\_\_ (Name) \_\_\_\_\_ (Phone)  
\_\_\_\_\_  
(Address)

2. \_\_\_\_\_ (Name) \_\_\_\_\_ (Phone)  
\_\_\_\_\_  
(Address)

3. \_\_\_\_\_ (Name) \_\_\_\_\_ (Phone)  
\_\_\_\_\_  
(Address)

## Applicant's Statement

I certify that answers given herein are true and complete.

I authorize investigation of all statements contained in this application for employment as may be necessary in arriving at an employment decision.

This application for employment shall be considered active for a period of time not to exceed 45 days. Any applicant wishing to be considered for employment beyond this time period should inquire as to whether or not applications are being accepted at that time.

I hereby understand and acknowledge that, unless otherwise defined by applicable law, any employment relationship with GWB Welding, Inc. is of an "at will" nature, which means that the Employee may resign at any time and GWB Welding, Inc. may discharge Employee at any time with or without cause. It is further understood that this "at will" employment relationship may not be changed by any written document or by conduct unless such change is specifically acknowledged in writing by an authorized executive of GWB Welding, Inc.

In the event of employment, I understand that false or misleading information given in my application or interview(s) may result in discharge. I understand, also, that I am required to abide by all rules and regulations of GWB Welding, Inc.

Applicant Signature: \_\_\_\_\_

Date: \_\_\_\_\_

## **POST-OFFER, PRE-EMPLOYMENT CONSENT FORM**

I, \_\_\_\_\_, acknowledge that a post-offer, pre-employment drug test is required by company policy. Any applicant must pass a drug test in order to be considered for employment with GWB Welding, Inc.

Applicant Signature: \_\_\_\_\_

Date: \_\_\_\_\_

## **For Personnel Department Use Only**

Arrange Interview:  Yes  No

Remarks: \_\_\_\_\_  
\_\_\_\_\_

Employed?  Yes  No Date of Employment: \_\_\_\_\_

Job Title: \_\_\_\_\_ Hourly Rate/Salary: \_\_\_\_\_

By: \_\_\_\_\_ (Date)

(Name & Title)