

# **APPLICATION FOR EMPLOYMENT**

Thank you for your interest in a position with Idaho Equipment and Sheet Metal. Please print legibly and complete this form being specific and accurate. All information provided will be held confidential.

### **PERSONAL INFORMATION**

NAME			SOCIAL SECURITY #	
LAST	FIRST	MIDDLE		
ADDRESS				
	STREET	CITY	STATE	ZIP
PHONE			ARE YOU 18 YEARS OR O	OLDER? YES / NO
DO YOU HAVE THE LEG	AL RIGHT TO WORK IN THE U.	<b>S.?</b> YES / NO		
HAVE YOU EVER BEEN	BEEN CONVICTED OF A CRIM	<b>E?</b> YES / NO	IF YES EXPLAIN	
EMPLOYMENT D	ESIRED			
POSITION	DATE YOU CAN S	TART	SALARY DESIRED	
ARE YOU CURRENTLY E	MPLOTED? YES / NO	IF YES, MAY WE CON	TACT YOU PRESENT EMPLOY	ER? YES / NO
HAVE YOU EVER APPLI	ED TO THIS COMPANY BEFOR	YES / NO	IF YES, WHEN?	

### **EDUCATION**

	NAME	LOCATION	SUBJECT STUDIED	YEARS	DID YOU GRADUATE?
HIGH SCHOOL					
COLLEGE					
OTHER					

# WORK EXPERIENCE

WELDING AND/OR METAL FABRICATION		
OTHER SKILLS AND EXPERIENCE		

### **FORMER EMPLOYERS**

List below your last three employers, starting with the last one first.

MM/DD/YY - MM/DD/YY	NAME AND ADDRESS OF EMPLOYER	SALARY	POSITION	REASON FOR LEAVING

## **REFERENCES**

Three people that are not related to you.

NAME	BUSINESS	YEARS ACQUAINTED

#### **U.S. MILITARY RECORD**

ACTIVE / INACTIVE	ACTIVE	/ INACTIVE
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BRANCH SERVED		DATES SERVED	
SKILLS AND EXPERIENCE			
EMERGENCY CONTACT			
EMERGENCY CONTACT	NAME	ADDRESS	PHONE

"I certify that all the information submitted by me on this application is true and complete, and understand that if any false information, omissions, or misrepresentations are discovered, my application may be rejected and, if I am employed with Idaho Equipment and Sheet Metal, my employment may be terminated at any time. In consideration of my employment, I agree to conform to the company's rules and regulations, and I agree that my employment and compensation can be terminated, with or without cause, and with or without notice, at any time, at either my or the company's option. I also understand and agree that the terms and conditions of my employment may be changed, with or without cause, and with or without notice, at any time by the company. I understand that no company representative, other than its president, and then only when in writing and signed by the president, has any authority to enter into any agreement for employment for any specific period of time, or to make any agreement contrary to the foregoing.

DATE SIGNATURE

	FOR EMPLOYER ON	<del></del>
NTERVIEWED BY		
REMARKS		
HIRED	POSITION	SALARY