



Office: 641-584-2900
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105 Jackson Street
 Thompson, IA 50478

abwelding.com

APPLICATION FOR EMPLOYMENT

PERSONAL INFORMATION

NAME (LAST NAME, FIRST NAME)	E-MAIL ADDRESS
PRESENT ADDRESS (STREET, CITY, STATE, ZIP)	TELEPHONE NO. ()
HAVE YOU APPLIED TO OR BEEN EMPLOYED BY THIS COMPANY BEFORE? () YES () NO	
IF SO, WHAT POSITION?	WHEN?

TYPE OF EMPLOYMENT SOUGHT (check any that are applicable)

Full-time Part-time Temporary Seasonal Other _____

DESIRED POSITION

TITLE OF POSITION	DESIRED SALARY	DATE AVAILABLE FOR WORK
HOW DID YOU HEAR ABOUT THIS POSITION? (Check the appropriate box)	<input type="checkbox"/> Newspaper Ad Newspaper _____ <input type="checkbox"/> Internet Website _____ <input type="checkbox"/> Employment Agency	

GENERAL INFORMATION

ARE THERE HOURS OF THE DAY OR DAYS OF THE WEEK YOU CANNOT OR WILL NOT WORK? () YES () NO	
IF YES, EXPLAIN:	
ARE YOU LEGALLY QUALIFIED TO WORK IN THE UNITED STATES? () YES () NO (Proof of citizenship or immigration status will be required upon employment.)	ARE YOU AT LEAST 18 YEARS OF AGE? () YES () NO
CERTAIN POSITIONS WITHIN THE COMPANY REQUIRE USE OF A CAR OR OTHER MOTORIZED VEHICLE. IF SUCH A VEHICLE WERE REQUIRED IN THE JOB FOR WHICH YOU ARE APPLYING, DO YOU HAVE A VALID DRIVER'S LICENSE? () YES () NO	DRIVER'S LICENSE NUMBER:
LIST ANY INFORMATION WHICH YOU FEEL ESPECIALLY QUALIFIES YOU FOR WORK DESIRED (i.e. additional work experience, special skills or knowledge, activities, accomplishments, etc.)	

REFERENCES

GIVE THREE PERSONAL CHARACTER REFERENCES OTHER THAN RELATIVES OR FORMER EMPLOYERS			
NAME	ADDRESS	OCCUPATION	TELEPHONE NUMBER

EDUCATIONAL BACKGROUND

	SCHOOL NAME & LOCATION	GRADUATE (Yes/No)	DEGREE/CERTIFICATE
HIGH SCHOOL (Most recently attended)	_____		
COLLEGE (Undergraduate Work)	_____		
BUSINESS, TRADE OR CORRESPONDENCE SCHOOL(S)	_____		

EMPLOYMENT HISTORY (beginning with most recent)

DATE MONTH & YEAR	EMPLOYER(S) INFORMATION	BEGINNING/ ENDING SALARY	POSITION HELD	REASON FOR LEAVING
FROM _____ TO _____	NAME _____ CITY,STATE _____ TELEPHONE # _____ May we contact this employer? () Yes () No			
FROM _____ TO _____	NAME _____ CITY,STATE _____ TELEPHONE # _____ May we contact this employer? () Yes () No			
FROM _____ TO _____	NAME _____ CITY,STATE _____ TELEPHONE # _____ May we contact this employer? () Yes () No			
FROM _____ TO _____	NAME _____ CITY,STATE _____ TELEPHONE # _____ May we contact this employer? () Yes () No			

AUTHORIZATION

I certify that the information I have provided in this application is true and complete to the best of my knowledge and I understand that any misrepresentation, falsification or omission of information during the employment application process may disqualify me from consideration for employment or for immediate termination if I have been employed.

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

I also understand that my employment may be contingent on a background check and passing a screen for the use of illegal drugs or alcohol.

I understand that nothing in this employment application, the granting of an interview or my subsequent employment with A&B is intended to create an employment contract between myself and A&B. I understand that if hired, I may resign my employment at any time for any reason and that I can be demoted, reassigned or transferred by A&B, at any time, with or without notice and with or without cause. No A&B representative is authorized to enter into any agreement, oral or written, that is contrary to the foregoing.

Signature of applicant

Date