



Application For Employment

DRUG TEST REQUIRED FOR HIRE

Personal

Last Name First Middle Date

Street Address City, State, Zip

Home Phone Business Phone eMail

Have you ever applied for employment with us? Y/N _____ If yes: Month/Year _____

What position are you applying for? Pay Expected Are you 18 years of age or older? Y/N _____

Are you legally eligible for employment in the U.S? Y/N _____ Are you available for full time work? _____
What hours can you work? _____

Will you work overtime if asked? Y/N _____ When will you be available to begin work? _____

Are you employed now? Y/N _____ If Yes: Can we contact your present employer? Y/N _____

Education

School	Name	City	Course Major	Last Year Completed	Graduated	Scholastic Average
High School				9 10 11 12 (Circle One)	Y/N	A B C D (Circle One)
College				9 10 11 12 (Circle One)	Y/N	A B C D (Circle One)
Graduate School				9 10 11 12 (Circle One)	Y/N	A B C D (Circle One)
Business or Vocational				9 10 11 12 (Circle One)	Y/N	A B C D (Circle One)
Other Special Training				9 10 11 12 (Circle One)	Y/N	A B C D (Circle One)

Skills

Do you know how to weld? Y/N _____ Circle all that apply: MIG TIG ARC ALUMINUM STAINLESS STEEL MILD STEEL

Can you read blueprints? Y/N _____

Circle any of the following that you have experience working in:

CARPENTRY WOODWORKING CABINET MAKING MECHANICS AUTO BODY MANUFACTURING PRODUCTION

What types of tools and machinery can you operate?

Do you have any other experience, skills, or training which would be of special benefit?

Activities (Civic, Athletic, Etc.) Exclude organizations which might indicate race, creed, sex, age, marital status, color or nation of origin.

References

Give the names of three persons not related to you whom you have known at least one year:

Name	Address	Occupation	Tel. Number	Yrs. Known
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

Employment History

List present and past employment, beginning with your most recent:

Name of Company		Type of Business	Name of Supervisor	
Company Address		Company Telephone		
Starting Month/Yr	Ending Month/Yr	Starting Salary	Ending Salary	
Reason for Leaving:		Describe the work you did:		

Name of Company		Type of Business	Name of Supervisor	
Company Address		Company Telephone		
Starting Month/Yr	Ending Month/Yr	Starting Salary	Ending Salary	
Reason for Leaving:		Describe the work you did:		

Name of Company		Type of Business	Name of Supervisor	
Company Address		Company Telephone		
Starting Month/Yr	Ending Month/Yr	Starting Salary	Ending Salary	
Reason for Leaving:		Describe the work you did:		

PLEASE READ CAREFULLY BEFORE SIGNING: I certify that all the information submitted by me on this application is true and complete. I understand that any false statement on this application may result in refusal of employment or immediate dismissal. I authorize Avantech to contact the eemployers listed above concerning my prior work experience. If there is a particular employer you do not wish us to contact, please indicate: _____

Signature of Applicant	Date
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