

# Carolina Welding and Fabrication

## Employment Application

Employer: _____		Date: _____	
Name: _____		_____	
Last	First	M.I.	
Address: _____			
Street address		City	State ZIP
Home phone: _____		Work phone: _____	
Email address: _____		Are you a veteran? <input type="checkbox"/> Yes <input type="checkbox"/> No	
List the positions you are interested in by specific title (typist, carpenter, auto mechanic)			
1 <sup>st</sup> choice: _____		2 <sup>nd</sup> choice: _____	
Available to work: <input type="checkbox"/> Full time <input type="checkbox"/> Temporary <input type="checkbox"/> Part time			
Date you can start: _____		Desired salary: _____	
Are you employed now? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, may we contact your present employer? <input type="checkbox"/> Yes <input type="checkbox"/> No			
Have you applied to this company before? <input type="checkbox"/> Yes <input type="checkbox"/> No Where? _____ When? _____			
Trade or professional licenses, certificates or registrations: _____			

**References:** Three persons not related to you whom you have known at least one year:

Name	Address	Telephone/Business/Occupation

### Education:

High School Graduate? <input type="checkbox"/> Yes <input type="checkbox"/> No If no, indicate highest grade completed (1–12): _____		
College, Business or Trade Schools (Name and Location)	Major or Vocational Subjects	Length of Time Degree/Certificate

**Work History:** Beginning with the present or most recent, list your three most significant employers. If you wish to elaborate, you may attach a supplemental sheet or resume. Include military service, if applicable.

Firm name: \_\_\_\_\_ Dates of employment: \_\_\_\_\_

Address: \_\_\_\_\_  
Street address City State ZIP

Job title, responsibilities and duties: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Firm name: \_\_\_\_\_ Dates of employment: \_\_\_\_\_

Address: \_\_\_\_\_  
Street address City State ZIP

Job title, responsibilities and duties: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Firm name: \_\_\_\_\_ Dates of employment: \_\_\_\_\_

Address: \_\_\_\_\_  
Street address City State ZIP

Job title, responsibilities and duties: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Additional qualifications and skills:** machines, equipment, tools used, related activities, etc.  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Certification of Applicant:**

I certify that all statements made in this application are true and correct and that any misstatement of material facts may subject me to disqualification or dismissal. Also, I authorize verification of all statements made in this application.

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

***Equal Opportunity Employer Program***

Auxiliary aids and services are available upon request to individuals with disabilities by calling (801) 526-9240. Individuals with speech and/or hearing impairments may call Relay Utah by dialing 711. Spanish Relay Utah: 1-888-346-3162