

**MOUNTAINEER WELDING AND CONSTRUCTION****5413 GEORGETOWN ROAD / PO BOX 118****HORNER, WV 26374****304-452-9760****www.mtnweld.com**

APPLICATION INFORMATION:

DATE:

NAME: (LAST, FIRST, MI)

STREET ADDRESS:

CITY:

STATE:

ZIP CODE:

DATE OF BIRTH:

PHONE NUMBER:

EMAIL:

SOCIAL SECURITY NUMBER:

DATE AVAILABLE:

DESIRED SALARY:

POSITIONS APPLIED FOR:

ARE YOU LEGALLY ELIGIBLE TO WORK IN THE U.S.?

YES:

NO:

ARE YOU AVAILABLE TO WORK:

FULL TIME:

PART TIME:

TEMPORARY:

DO YOU HAVE A VAILD DRIVER'S LICENSE:

YES:

NO:

#:

STATE:

DO YOU HAVE YOUR OWN RELIABLE TRANSPORTATION?

YES:

NO:

DO YOU HAVE A BANK ACCOUNT FOR DIRECT DEPOSIT FOR WEEKLY PAY?

YES:

NO:

HAVE YOU BEEN CONVICTIED OR PLEAD GUILTY OF A CRIME IN THE LAST 7 YEARS:

YES:

NO:

DATE OF CONVICTION:

PLACE OF CONVICTION: (CITY, STATE, COUNTY)

FELONY:

MISDEMEANOR:

IF YES, PLEASE EXPLAIN:

ARE YOU WILLING TO TRAVEL?

YES:

NO:

EDUCATION:

HIGH SCHOOL:

CITY &amp; STATE:

FROM:

TO

DID YOU GRADUATE:

YES:

NO:

TRADE SCHOOL:

CITY &amp; STATE:

FROM:

TO

DID YOU GRADUATE:

YES:

NO:

COLLEGE:

CITY &amp; STATE:

FROM:

TO

DID YOU GRADUATE:

YES:

NO:

EMPLOYMENT HISTORY:			
MOST RECENT EMPLOYER:		DATES EMPLOYED:	TO: FROM:
ADDRESS:		CITY:	STATE: ZIP:
SUPERVISOR:		PHONE NUMBER:	
JOB TITLE:		DUTIES:	
REASON FOR LEAVING:		MAY WE CONTACT:	YES: NO:
EMPLOYER:		DATES EMPLOYED:	TO: FROM:
ADDRESS:		CITY:	STATE: ZIP:
SUPERVISOR:		PHONE NUMBER:	
JOB TITLE:		DUTIES:	
REASON FOR LEAVING:		MAY WE CONTACT:	YES: NO:
EMPLOYER:		DATES EMPLOYED:	TO: FROM:
ADDRESS:		CITY:	STATE: ZIP:
SUPERVISOR:		PHONE NUMBER:	
JOB TITLE:		DUTIES:	
REASON FOR LEAVING:		MAY WE CONTACT:	YES: NO:

PROFESSIONAL REFERENCES:	
FIRST REFERENCE:	
COMPANY NAME:	TITLE:
NAME:	PHONE NUMBER:
SECOND REFERENCE:	
COMPANY NAME:	TITLE:
NAME:	PHONE NUMBER:
THIRD REFERENCE:	
COMPANY NAME:	TITLE:
NAME:	PHONE NUMBER:

Other information you would like to share with us: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

I certify that the information given on this application is true and complete to the best of my knowledge. I authorize the employer to investigate all answers given in the application arrive at an employment decision. I hereby understand and acknowledge that, unless otherwise defined by applicable law, any employment relationship with this organization is of an "at will" nature, which means that the employee may resign at any time and the employer may discharge the employee at any time with or without cause. In the event of employment, I understand the false misleading information given in my application or interview may result in discharge. I understand, also that I am required to abide by all the rules and regulations of the employer.

Signature of Applicant:	DATE:
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