

PLEASE PRINT

DATE \_\_\_\_\_

Name \_\_\_\_\_
Last First MI

Telephone No. \_\_\_\_\_ Social Security No. \_\_\_\_\_

Present Address \_\_\_\_\_
No. Street City State Zip

Permanent Address \_\_\_\_\_
No. Street City State Zip

EMPLOYMENT DESIRED

Full Time? Yes \_\_\_\_\_ No \_\_\_\_\_ Temporary? Yes \_\_\_\_\_ No \_\_\_\_\_ Summer Help? Yes \_\_\_\_\_ No \_\_\_\_\_

What days of the week and hours of the day are you available to work? \_\_\_\_\_

If applying for temporary work, seasonal work, or summer help, during what period of time would you be available to work?

From \_\_\_\_\_ To \_\_\_\_\_

Are you available for work on weekends? ..... Yes \_\_\_\_\_ No \_\_\_\_\_

Would you be available to work overtime, if necessary?..... Yes \_\_\_\_\_ No \_\_\_\_\_

If, hired, on what date can you start work? \_\_\_\_\_

Applicants receiving an interview will have to submit to a drug test prior to any job offer. Are you willing to submit? Yes \_\_\_\_\_ No \_\_\_\_\_

PERSONAL INFORMATION

Have you ever applied to or work for Young Galvanizing, Inc?..... Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, When \_\_\_\_\_

Do you have any relatives or friends employed at Young Galvanizing, Inc? ..... Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, State name and relationship \_\_\_\_\_

Why are you applying for work at Young Galvanizing, Inc.? \_\_\_\_\_

If hired, would you have a means of transportation to and from work?..... Yes \_\_\_\_\_ No \_\_\_\_\_

Are you at least 18 years old? ..... Yes \_\_\_\_\_ No \_\_\_\_\_
(IF under 18, hire is subject to verification that you are of minimum legal age)

If hired, can you present evidence of your U.S. citizenship or proof of legal right to live and work in this country?. Yes \_\_\_\_\_ No \_\_\_\_\_
(Proof will be required in conformance with federal law if an employment offer is made.)

Are you able to perform the essential physical functions of the job for which you are applying? ..... Yes \_\_\_\_\_ No \_\_\_\_\_
(lifting up to 60 pounds routinely to your waist, and up to 100 pounds upon occasion to your waist, carry up to 60 pounds, bending while loading and unloading baskets of material, twisting, kneeling, climbing, and working around hot material.)

If no, describe the physical functions that cannot be performed. \_\_\_\_\_

**PERSONAL INFORMATION cont'd**

Note: we comply with the ADA and consider reasonable accommodations measures that may be necessary for eligible applicants to perform essential functions.

(NOTE: hires must take a mandatory physical examination.)

Have you ever been convicted of a felony?.....Yes \_\_\_\_\_ No \_\_\_\_\_  
 If yes, state the nature of the crime (s), when and where convicted and disposition of the case.

(NOTE: No applicant will be denied employment solely on the grounds of conviction of a criminal offense. The nature of the offense, the date of the offense, surrounding circumstances and the relevance to the position(s) applied for may, however, be considered.)

**EDUCATION, TRAINING, AND EXPERIENCE**

School	Name and Address	No. Years Completed	Did you Graduate	Degree	Year Graduated
<b>High School</b>			Yes _____ No _____		
<b>College</b>			Yes _____ No _____		
<b>Vocational</b>			Yes _____ No _____		
<b>Health Care</b>			Yes _____ No _____		
<b>Other</b>			Yes _____ No _____		

Do you have any other experience, training, qualifications or skill which you feel make you especially suited for work at Young Galvanizing, Inc.? If so, please explain \_\_\_\_\_

**MILITARY SERVICE**

Have you obtained any special skills or abilities as the result of service in the military? .....Yes \_\_\_\_\_ No \_\_\_\_\_

If so, please describe: \_\_\_\_\_

**APPLICANT CERTIFICATION**

Please Read and Sign Below: Applicant Certification, Authorizations and Understandings.

I hereby certify that I have not knowingly withheld any information that might adversely affect my chances for employment and that the answers given by me are true and correct to the best of my knowledge. I further certify that, I the undersigned applicant, have personally completed this application, (or have given the answers to \_\_\_\_\_ who wrote my responses, and that I have confirmed all responses given). I understand that any omission or misstatement of material fact on this application or on any document used to secure employment shall be grounds for rejection of this application or for immediate discharge if I am employed, regardless of the time elapsed before discovery.

I hereby authorize Young Galvanizing, Inc. to thoroughly investigate my references, work record, education and other matters related to my suitability for employment and, further, authorize my former employers to disclose to the company any and all letters, reports and other information related to my work history and records, without giving me prior notice of such disclosure. In addition, I hereby release the company, my former employers and all other persons, corporations, partnerships and associations from any and all claims, demands or liabilities arising out of or in any way related to such investigations or disclosure.

\_\_\_\_\_  
Date \_\_\_\_\_ Applicant Signature \_\_\_\_\_

**DO NOT WRITE BELOW THIS LINE**

Date and time called to set up interview \_\_\_\_\_ Called by \_\_\_\_\_

Interviewed by \_\_\_\_\_ Date and time of interview \_\_\_\_\_

Comments \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

## EMPLOYMENT HISTORY

List below all present and past employment starting with your most recent employer, (last ten years is sufficient).

Name of Employer \_\_\_\_\_

Address \_\_\_\_\_  
No. Street City State Zip

Date of Employment: From: \_\_\_\_\_ To \_\_\_\_\_ Hours Worked \_\_\_\_\_

Telephone Number (\_\_\_\_)- \_\_\_\_\_ Supervisor's Name \_\_\_\_\_

Type of Business: \_\_\_\_\_ Your Position: \_\_\_\_\_

Reason for Leaving \_\_\_\_\_

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Name of Employer \_\_\_\_\_

Address \_\_\_\_\_  
No. Street City State Zip

Date of Employment: From: \_\_\_\_\_ To \_\_\_\_\_ Hours Worked \_\_\_\_\_

Telephone Number (\_\_\_\_)- \_\_\_\_\_ Supervisor's Name \_\_\_\_\_

Type of Business: \_\_\_\_\_ Your Position: \_\_\_\_\_

Reason for Leaving \_\_\_\_\_

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Name of Employer \_\_\_\_\_

Address \_\_\_\_\_  
No. Street City State Zip

Date of Employment: From: \_\_\_\_\_ To \_\_\_\_\_ Hours Worked \_\_\_\_\_

Telephone Number (\_\_\_\_)- \_\_\_\_\_ Supervisor's Name \_\_\_\_\_

Type of Business: \_\_\_\_\_ Your Position: \_\_\_\_\_

Reason for Leaving \_\_\_\_\_

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## REFERENCES

List below three persons, not related to you, who have first-hand knowledge of your work performance within the last three years.

Name Tele. No.	Address	Occupation	Years Known
Name Tele. No.	Address	Occupation	Years Known
Name Tele. No.	Address	Occupation	Years Known