

UNIVERSAL GALVANIZING, INC. EMPLOYMENT APPLICATION

Name _____ Today's Date ____/____/____

Present Address _____

Social Security # _____ Telephone _____

Type of work preferred: ____ Full Time ____ Part Time ____ Are you 18 or older ____

Education:(Circle Highest Grade Completed): 9 10 11 12 13 14 15 16 16+

Experience: Are You Currently Employed? _____

Do you have any physical limitations that limit your ability to perform manual labor?

Yes: __ No: __

1. Present or Most Recent Employer: Name of Business: _____

Type of Business: _____ Address: _____

Position Held: _____ Start pay: _____ Final Pay: _____

Starting Date: _____ Termination Date: _____

Description of Work and Duties: _____

Supervisors Name: _____ Supervisors Title: _____

Reason for Terminating Employment: _____

2. Previous Employer: Name of Business: _____

Type of Business: _____ Address: _____

Position Held: _____ Start pay: _____ Final Pay: _____

Starting Date: _____ Termination Date: _____

Description of Work and Duties: _____

Supervisors Name: _____ Supervisors Title: _____

Reason for Terminating Employment: _____

Description of Work and Duties: _____

Supervisors Name: _____ Supervisors Title: _____

Reason for Terminating Employment: _____

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3. Previous Employer: Name of Business: _____

Type of Business: _____ Address: _____

Position Held: _____ Start pay: _____ Final Pay: _____

Starting Date: _____ Termination Date: _____

Description of Work and Duties: _____

Supervisors Name: _____ Supervisors Title: _____

Reason for Terminating Employment: _____

Description of Work and Duties: _____

Supervisors Name: _____ Supervisors Title: _____

Reason for Terminating Employment: _____

What Job Related Skills or Qualifications Do You Possess? _____

Have you Ever Been Convicted of a Crime (other than minor traffic Citations)?

Yes: _____ No: _____

If Yes, List all convictions showing offences and date. (Only job related offenses will be considered in evaluating your employment qualifications.) _____

References: (Name of Persons Not Related to You Whom We May Contact);

Name	Business	Address	Phone

Emergency contact: Name: _____ Number: _____

Important - Please Read and Sign: I authorize investigation of any and all of my employment history and all statements contained in this application. I understand that misrepresentation or omissions of facts are grounds for termination of employment. I understand that this document is not to be construed as a guarantee of employment for any specific period of time for any specific type of work. I understand that filling out this application neither implies that an interview will take place nor that employment will result. Testing for job-related skills, and for the presence of drugs in my body may be required prior to employment.

Applicants Signature: _____ Date: _____