



Shaw Stainless, LLC

Application for Employment

WE ARE A DRUG-FREE WORKPLACE

Last Name:	First Name:	Initial:	Social Security Number:
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(For Office Use ONLY – Please Print Clearly)

Employment Application

Please print all of the following information using dark ink.

Last Name:	First Name:	Initial:	Social Security Number:
Today's Date:	Current Address:		
City:	State:	Zip Code:	Date Available for Work:
Phone Number:	Salary or Hourly Wage Requirement:		
Position(s) Applied For:	Emergency contact (please print complete name and phone number):		
Education: (circle highest grade completed):			
High School: 9 10 11 12	College: 1 2 3 4 +	Degree(s) Earned:	
Circle one: College University Trade School Tech School Other	Name of School:		

If you are under 18 years of age, can you provide required proof of your eligibility to work?

Yes No

Have you filled an application with us before?

Yes No

May we contact all of your previous employers?

Yes No

If no, please explain: _____

Are you prevented from lawfully becoming employed in this country because of Visa or Immigration Status?
Proof of citizenship or immigration status will be required upon employment.

Yes No

Are you currently on "lay-off" status and subject to recall?

Yes No

Have you been convicted of a felony with in the last seven years?

Yes No

Conviction will not necessarily disqualify an applicant from employment.

If yes, please explain _____

Are you able to work:

Full Time Part Time Shift Work Temporary

We consider applicants for all positions without regard to race, color, religion, creed, gender, national origin, age, disability, marital or veteran status, sexual orientation, or any other legally protected status.

WE ARE AN EQUAL OPPORTUNITY EMPLOYER

EMPLOYMENT HISTORY: *List your three previous employers (that pertains to our field of work), starting with the most recent.*

Dates Employed: From To	Employer:	Address:	Work Performed:
Hourly Rate: From To	Supervisor:	Telephone Number:	
Job Title:	Reason for Leaving:		

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Hourly Rate: From To	Supervisor:	Telephone Number:	
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Hourly Rate: From To	Supervisor:	Telephone Number:	
Job Title:	Reason for Leaving:		

WORK EXPERIENCE AND SKILLS:

Please review the following skill categories and mark only those in which you have ACTUAL WORK EXPERIENCE.

- | | | | |
|---|---|--|--|
| <input type="checkbox"/> Shipping | <input type="checkbox"/> Receiving | <input type="checkbox"/> Order Pulling | <input type="checkbox"/> Packing |
| <input type="checkbox"/> Quality Control | <input type="checkbox"/> Assembly | <input type="checkbox"/> Inventory | <input type="checkbox"/> Heavy Equipment Operator |
| <input type="checkbox"/> Punch Press | <input type="checkbox"/> Iron Worker | <input type="checkbox"/> Drill Press | <input type="checkbox"/> Overhead Crane |
| <input type="checkbox"/> Press Brake | <input type="checkbox"/> Shear | <input type="checkbox"/> Lathe | <input type="checkbox"/> Milling |
| <input type="checkbox"/> Grinders | <input type="checkbox"/> Tool & Die | <input type="checkbox"/> Spray Painting | <input type="checkbox"/> CDL Drivers License |
| <input type="checkbox"/> Fabrication | <input type="checkbox"/> Layout / Fitting | <input type="checkbox"/> Machine Maintenance | <input type="checkbox"/> CNC Machine |
| <input type="checkbox"/> Plasma | <input type="checkbox"/> Carbon Steel Fab | <input type="checkbox"/> Stainless Steel Fab | <input type="checkbox"/> Aluminum Fab |
| <input type="checkbox"/> Mig Welding | <input type="checkbox"/> Tig Welding | <input type="checkbox"/> Stick Welding | <input type="checkbox"/> Submerged ARC |
| <input type="checkbox"/> Certified Welder | <input type="checkbox"/> Blue Print Reading | <input type="checkbox"/> CAD | <input type="checkbox"/> Engineering |
| <input type="checkbox"/> Computer | <input type="checkbox"/> Drafting | <input type="checkbox"/> Forklift Operator, Certified? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| <input type="checkbox"/> Other(s) _____ | | | |

State any additional information you feel may be helpful in considering your application.

APPLICANTS STATEMENT

I certify that answers given herein are true and complete to the best of my knowledge.

I authorize investigation of all statements contained in this application for employment as may be necessary in arriving at an employment decision.

This application for employment shall be considered active for a period of time not to exceed 45 days. Any applicant wishing to be considered for employment beyond this time period should inquire as to whether or not applications are being accepted at that time.

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 employee at any time with or without cause. It is further understood that this "at will" employment relationship may not be changed by any written document or by conduct unless such change is specifically acknowledged in writing by an authorized executive of this organization.

In the event of employment, I understand that false or misleading information given in my application or interview(s) may result in discharge. I understand, also, that I am required to abide by all rules and regulations of the employer.

Signature of Applicant

Date

FOR PERSONNEL DEPARTMENT USE ONLY

Arrange Interview: Yes No

Remarks _____

INTERVIEWER _____ DATE _____

Hired: Yes No Start Date _____

Job Title _____ Hourly Rate / Salary _____

By _____ NAME AND TITLE DATE _____

Notes _____
