



APPLICATION FOR EMPLOYMENT
AN EQUAL OPPORTUNITY EMPLOYER M/F/H/V

TO APPLICANT: You must personally complete the application for it to be considered. Applications are considered active for only 60 days. If you wish to be considered for employment after that time, you must submit a new application. Any omissions or falsifications will result in ineligibility for employment or immediate dismissal if employed. All applicants for employment are given a urinalysis drug screen test as part of the pre-employment requirements. Any applicant found to have identifiable traces of narcotics or other controlled/prohibited drugs or substance in his or her system would no longer be a candidate for hire. INCOMPLETE APPLICATION FORMS WILL NOT BE CONSIDERED.

PERSONAL INFORMATION:

Date: _____ Social Security Number: _____
Name: _____ Last First Middle
Current Address: _____ Phone: _____
Emergency Contact Person: _____ Relationship: _____ Phone: _____
Are you 18 or older: ___ Yes ___ No Are you a U.S. citizen: ___ Yes ___ No If no, do you have a current work visa and proof of identification: ___ Yes ___ No
Have you worked for New Industries, Inc. before: ___ Yes ___ No If yes, give dates: _____
Have you ever been convicted of a felony: ___ Yes ___ No If yes give details: _____

EDUCATION:

Please note highest grade completed, degree if applicable, name of school and date of completion: _____

DRIVERS LICENSE # : STATE: CLASS: EXPIRATION:

MILITARY SERVICE:

Branch of Service: _____ Highest Rank: _____ Date of entry: _____ Date of Discharge: _____

POSITION APPLYING FOR: ___ Welder ___ Fitter ___ Operator ___ Rigger ___ Tacker ___ Carpenter
___ Electrician ___ Other . Referred by: _____

Are you employed now: ___ Yes ___ No If yes, where _____ May we inquire: ___ Yes ___ No

EMPLOYMENT HISTORY: Please begin with your current or most recent job and work back.

Company: _____ Date Started: _____ Date left: _____ Salary or Pay Rate : _____

Position held: _____ Supervisor's Name: _____ Reason for leaving: _____

Describe your duties, training if any, certifications: _____

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Position held: _____ Supervisor's Name: _____ Reason for leaving: _____

Describe your duties, training if any, certifications: _____

PERSONAL REFERENCES:

NAME ADDRESS PHONE YEARS KNOWN

NOTICE TO APPLICANTS/ EMPLOYEES REGARDING CONSUMER REPORTS:

Consumer report and/or an investigative consumer report including information concerning your character, employment history, general reputation, personal characteristics, police record, education, qualifications, motor vehicle record, mode of living and/or credit and indebtedness may be obtained in connection with your application for and/or continued employment with the company. A consumer report and/or investigative report may be obtained at any time during the application process and during your employment with the Company. A consumer report containing injury and illness records and medical information may be obtained after a tentative offer of employment has been made. Upon timely written request of the Personnel Department of the Company and within 5 days of the request, the name, address and phone number of the reporting agency and the nature of scope of the consumer report will be disclosed to you.

Before an adverse action is taken, based in whole or in part of the information contained in the consumer report, you will be provided a copy of the report, the name, address and telephone number of the reporting agency, a summary of your rights under the Fair Credit Reporting Act as well as additional information on your rights under the law.

CONSENT TO OBTAINING CONSUMER REPORTS – READ BEFORE SIGNING

I have read the “Notice to Applicants/Employees Regarding Consumer Reports” and hereby authorize the Company to obtain consumer reports and/or investigative consumer reports as described. I understand that I have the right to make a written request within a reasonable amount of time to receive additional detailed information about the nature and scope of any investigative report or other consumer reports that are made, including the name, address and telephone number of the consumer reporting agency.

I hereby authorize any present or former employer, consumer reporting agencies, educational institutions, criminal justice agencies, department of motor vehicles, public agency, financial institutions or any other person or agency having knowledge of me to submit information or opinions about myself, including data received from other sources in order that my employment qualifications may be evaluated. I hold said persons and/or organizations harmless and without liability for statements or opinions made regarding my character, experience or qualifications.

By my signature below, I acknowledge that I have read and understood all of the above statements.

Print you Name

Signature and Date

IMPORTANT: READ THIS CAREFULLY BEFORE SIGNING AND DATING APPLICATION

I agree and consent, as a condition of employment or continued employment, to submit to a urinalysis (drug) test/screen to be paid for by the Agency. I further agree to the search or examination of any personal property I may have on myself while on Company premises or while conducting its business elsewhere. I certify that the answers given by me on this application are true and correct and complete. I agree that any misstatement or pertinent omission made by me in this application may be cause for my rejection or if hired may subsequently subject me to dismissal. In the event of employment, I will comply with all company rules, regulations and directives as may be established or given from time to time. I understand that the company does not offer contracts of employment. I also understand that nothing contained in this application form or any other company document or statement is intended to create a contract of employment nor does it create a contract between the company and me for either employment or the provisions of any compensation or benefits. I understand that if employed I have the right to terminate my employment at any time, for any reason or no reason and likewise the company has the same “Employment At Will” right.

Date

Applicant Signature