Application for Employment

(Pre-Employment Questionnaire) (An Equal Employment Employer)

****APPLICANT**: Please fill in all sections completely
Resumes may be attached but do not substitute for the application

DATE _____

PERSONAL DATA

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Name _____
Last First Middle

Present Address_____
Street City State Zip

Permanent Address _____
Street City State Zip

Phone Number ( ) _____ Additional Number ( ) _____

Email address: _____

Are you 18 years or older? Yes _____ No _____

Are you either a US Citizen or an alien authorized to work in the United States? Yes _____ No _____

AVAILABILITY

Position(s) and Location Applied for _____

Date you can start ____/_____/____

Are you employed now? _____ If so, may we inquire of your present employer? _____

Are you willing to relocate to another area? _____ Are you willing to travel periodically? _____

Who referred you for employment? _____

Bonded Lightning Protection Systems
122 Leesley Lane Argyle, TX 76226
Phone: 800-950-7933
Fax: 940-455-2225
WWW.BONDEDLP.COM

allG Fabrication
122 Leesley Lane Argyle, TX 76226
Phone: 800-950-7960
Fax: 940-455-22817
WWW.ALLGFAB.COM

SPECIAL PURPOSE QUESTIONS

THE FOLLOWING IS INFORMATION REQUIRED FOR WAREHOUSE/FIELD POSITIONS FOR A BONA FIDE OCCUPATIONAL QUALIFICATION, OR DICTATED BY NATIONAL SECURITY LAWS, OR IS NEEDED FOR OTHER LEGALLY PERMISSIBLE REASONS:

Driver's License: Number _____ State _____ Expiration Date _____

Have you been charged and/or convicted of DWI? Yes _____ No _____

List all moving traffic violations during the past three (3) years _____

_____

List any experience in the lightning protection field or construction field _____

Have you had any experience reading Architectural, Structural, and Mechanical, Electrical, Plumbing (MEP) blueprints? Yes _____ No _____

If YES, please explain _____

Do you have any welding experience? Yes _____ No _____ If Yes, are you certified? _____

Do you have any forklift experience? Yes _____ No _____ If Yes, are you certified? _____

Do you have any woodworking experience? Yes _____ No _____ If Yes, how long? _____

Do you have any shipping experience? Yes _____ No _____ If Yes, how long? _____

Do you have any receiving experience? Yes _____ No _____ If Yes, how long? _____

Do you have any commercial driving experience? Yes _____ No _____ If Yes, are you certified? _____
License Type: _____

Do you have experience using a computer? Yes ___ No ____ If so, how long?
Macintosh _____ years PC (DOS) _____ years

Please list years of experience:

Data entry _____ years
Telephone / Receptionist _____ years
Accounts Receivable _____ years
Word Processing _____ years
Accounts Payable _____ years
Invoicing _____ years

List any other work-related experience that you feel qualifies you for this position

_____

_____

ALL APPLICANTS

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EMPLOYMENT HISTORY (list your last employer first)

EMPLOYMENT HISTORY

	Month/Year	Name & Address of Employer	Salary	Position	Reason for Leaving
From	_____/_____	_____	_____	_____	_____
To	_____/_____	_____			_____
	Month/Year	Name & Address of Employer	Salary	Position	Reason for Leaving
From	_____/_____	_____	_____	_____	_____
To	_____/_____	_____			_____
	Month/Year	Name & Address of Employer	Salary	Position	Reason for Leaving
From	_____/_____	_____	_____	_____	_____
To	_____/_____	_____			_____
	Month/Year	Name & Address of Employer	Salary	Position	Reason for Leaving
From	_____/_____	_____	_____	_____	_____
To	_____/_____	_____			_____
	Month/Year	Name & Address of Employer	Salary	Position	Reason for Leaving
From	_____/_____	_____	_____	_____	_____
To	_____/_____	_____			_____

MILITARY SERVICE RECORD

MILITARY SERVICE

Are you a veteran _____ If yes, list type of discharge: ___

DISCHARGE DATE _____ BRANCH OF SERVICE _____ RANK _____

SPECIAL TRAINING _____

Present membership in National Guard or Reserves _____Date Obligation Ends_____

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PHYSICAL RECORD

PHYSICAL RECORD

Do you have any physical limitations that preclude you from performing any work for which you are being considered?

Yes _____ No _____ If YES, please explain _____

_____

EDUCATION

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School	Name & City of School	No. of Years	Graduate?	Course(s)
High School				
College				
Trade School				
Other Training				

APPLICANT'S STATEMENT

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I certify that answers given herein are true and complete to the best of my knowledge. I authorize an investigation of all statements contained in this application for employment as may be necessary in arriving at any employment decision. I understand that this application is not and is not intended to be a contract of employment.

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

Signature _____

Print Name _____

Date _____

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References

Please provide four (4) professional references. References may not be a family member.

Professional Reference

Direct Supervisor Name: _____

Direct Supervisors Email: _____

Company Address: _____

Company Phone Number: _____

Professional Reference

Direct Supervisor Name: _____

Direct Supervisors Email: _____

Company Address: _____

Company Phone Number: _____

Professional Reference

Direct Supervisor Name: _____

Direct Supervisors Email: _____

Company Address: _____

Company Phone Number: _____

Professional Reference

Direct Supervisor Name: _____

Direct Supervisors Email: _____

Company Address: _____

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