

WESTERN



FORGE & FLANGE CO.

Employment Application
An Equal Opportunity Employer

Please Print:

Date	Last Name	First Name	Middle
No. & Street	City		State Zip
Permanent Address (if different from present address)			
No. & Street	City		State Zip
()	()		
Business Phone	Home Phone	Social Security Number	

Employment Desired:

Position applying for: _____

Personal Information:

Have you ever applied for WESTERN FORGE & FLANGE CO. before? Yes No

If yes, when? _____

Do you have any friends or relatives working for WESTERN FORGE & FLANGE CO. Yes No

If yes, state name(s) and relationship:

Name	Relationship
Name	Relationship

Why are you applying for work at WESTERN FORGE & FLANGE CO.?

If hired, would you have a reliable 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).

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Are you able to perform the essential functions of the job for which you are applying, either with or without reasonable accommodation? Yes No

If no, describe the functions that cannot be performed. _____

(Note: We comply with the ADA and consider reasonable accommodation measures that may be necessary for eligible applicants employees to perform essential functions. Hire may be subject to passing a medical examination, and to skill and agility tests).

Have you ever been convicted of a criminal offense (felony or serious misdemeanor)? (Convictions for marijuana-related offenses that are more than two years old need not be listed). Yes No

If yes, state 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, sate of the offense, the surrounding circumstances and the relevance of the offense to the position(s) applied for may, however, be considered).

Education, Training and Experience

School	Name and Address	No. of years Completed	Did you Graduate?	Degree or Diploma
High School	Name _____ Address _____ City _____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____
College/ University	Name _____ Address _____ City _____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____
Vocational/ Business	Name _____ Address _____ City _____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____
Health Care	Name _____ Address _____ City _____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____

Employment History:

List below all present and past employment starting with your most recent employer (last five years is sufficient). Account for all periods of unemployment. You must complete this section even if attaching a resume.

Name of Employer		(____) _____		
Type of Business		Telephone Number		
Your Supervisor's Name		_____		
Address and Street		City	State	Zip Code
Dates of Employment:	From _____	To _____	Weekly Pay: _____	_____
			Starting	Ending
Your Position and Duties				
Reason for Leaving				
May we contact this employer for a reference? <input type="checkbox"/> Yes <input type="checkbox"/> No				

Name of Employer		(____) _____		
Type of Business		Telephone Number		
Your Supervisor's Name		_____		
Address and Street		City	State	Zip Code
Dates of Employment:	From _____	To _____	Weekly Pay: _____	_____
			Starting	Ending
Your Position and Duties				
Reason for Leaving				
May we contact this employer for a reference? <input type="checkbox"/> Yes <input type="checkbox"/> No				

Note: Attach additional page(s) if necessary.

References:

List Below three persons not related to you who have knowledge of your work performance within the last three years.

First Name	Last Name	(____) _____	
Address & Street		Telephone Number	
	City	State	Zip Code
Occupation	No. of Years Acquainted		

