

**WESTERN**



**FORGE & FLANGE CO.**

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Employment Application  
An Equal Opportunity Employer

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**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.?

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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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Employment Application - Page 2

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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. \_\_\_\_\_

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(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.

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(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	_____

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**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.

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Name of Employer		(_____) _____	
Type of Business		Telephone Number	
Address and Street		City	State
Dates of Employment: _____		Zip Code _____	
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			

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Name of Employer		(_____) _____	
Type of Business		Telephone Number	
Address and Street		City	State
Dates of Employment: _____		Zip Code _____	
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.

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

