



**11 INDUSTRIAL BOULEVARD – SAUK RAPIDS, MN 56379**

**APPLICATION FOR EMPLOYMENT**

For the safety of our employees C4 Welding has adopted a Drug and Alcohol Testing Policy.  
All new employees will be required to pass a pre-employment Drug Screen and Background Check.

**PERSONAL INFORMATION**

NAME	DATE (XX-XX-XXXX)
STREET ADDRESS	CITY, STATE, ZIP
HOME PHONE                      WORK PHONE	MAY WE CALL YOU AT WORK? <input type="checkbox"/> YES <input type="checkbox"/> NO
POSITION DESIRED	SALARY DESIRED
HOW WERE YOU REFERRED TO C4 Welding?	
DAYS AVAILABLE TO WORK <input type="checkbox"/> MON <input type="checkbox"/> TUE <input type="checkbox"/> WED <input type="checkbox"/> THU <input type="checkbox"/> FRI <input type="checkbox"/> SAT <input type="checkbox"/> SUN	SHIFT OR HOURS YOU CAN WORK <input type="checkbox"/> DAYS <input type="checkbox"/> EVENINGS <input type="checkbox"/> NIGHTS
CAN YOU WORK OVERTIME IF REQUESTED <input type="checkbox"/> YES <input type="checkbox"/> NO	ARE YOU UNDER THE AGE OF 18? <input type="checkbox"/> YES <input type="checkbox"/> NO
IF HIRED, COULD YOU GIVE WRITTEN PROOF OF THE RIGHT TO WORK IN THE U.S.? <input type="checkbox"/> YES <input type="checkbox"/> NO	

**EDUCATION**

NAME AND LOCATION OF SCHOOL	MAJOR	DEGREE/DIPLOMA CERTIFICATION	YEARS OF SCHOOLING COMPLETED	GPA
HIGH SCHOOL – CITY/STATE				
COLLEGE – CITY/STATE				
TECHNICAL – CITY/STATE				
OTHER				

DESCRIBE ANY OTHER SKILLS THAT WOULD BETTER QUALIFY YOU FOR THIS POSITION.

**MILITARY SERVICE**

Complete this section if you served in the U.S. Armed Forces Describe your duties and any special training.	Branch of service
Period of Active Duty (Month & Year) From:                      To:	Rank at Discharge

**WORK EXPERIENCE (Please provide at least five years of employment history, beginning with most current position.)**

1 -Company name/address/phone number	Position	Dates From / To
Supervisor's name:		
Duties & responsibilities	Salary	Reason for leaving
If presently employed, may we contact your employer? <input type="checkbox"/> YES <input type="checkbox"/> NO		

2 -Company name/address/phone number	Position	Dates From / To
Supervisor's name:		
Duties & responsibilities	Salary	Reason for leaving

3 -Company name/address/phone number	Position	Dates From / To
Supervisor's name		
Duties & responsibilities	Salary	Reason for leaving

4 -Company name/address/phone number	Position	Dates From / To
Supervisor's name		
Duties & responsibilities	Salary	Reason for leaving

**REFERENCES - List supervisors and others familiar with your work or school achievements that are non-relatives.**

<b>NAME</b>	<b>ADDRESS AND PHONE</b>	<b>RELATIONSHIP</b>	<b>YEARS KNOWN</b>	<b>OCCUPATION</b>

Briefly summarize the personal characteristics/qualifications you will bring to C4 Welding if hired.


I understand and agree that any misrepresentation by me in this application may be sufficient cause for cancellation of this application and/or termination if employed. I authorize C4 Welding to obtain any necessary information regarding my work performance and qualifications and do hereby unconditionally release C4 Welding from all liability for any damage whatsoever that might result from obtaining this information.

I consent to taking an employment physical examination and drug test if required by the company. I understand that employment by C4 Welding may be subject to security policies of the company and the United States Government.

I understand and agree that, if hired, my employment does not create an implied contract for a definite time and is thus an employment-at-will, terminable at any time in accordance with C4 Welding policy.

**APPLICANT SIGNATURE:** \_\_\_\_\_

APPLICATIONS WILL BE KEPT IN A CURRENT FILE FOR SIX MONTHS

C4 Welding, Inc. is an Equal Opportunity Employer

