



# APPLICATION FOR EMPLOYMENT

Date \_\_\_\_\_

## APPLICANT INFORMATION

Last Name		First	M.I.	Referred by:
Phone		E-mail Address		
Date Available	Soc.Sec No.	Desired Salary	Desired Position	
<i>List Addresses for Past 3 Years:</i>				
Street Address			Apartment/Unit #	
City	State	ZIP	How Long?	
Street Address			Apartment/Unit #	
City	State	ZIP	How Long?	
Street Address			Apartment/Unit #	
City	State	ZIP	How Long?	
Are you a citizen of the United States?    YES <input type="checkbox"/> NO <input type="checkbox"/> If no, are you authorized to work in the U.S.?    YES <input type="checkbox"/> NO <input type="checkbox"/>				
Have you ever been convicted of a felony?    YES <input type="checkbox"/> NO <input type="checkbox"/> If yes, explain				

## EMPLOYMENT HISTORY

NOTE: DOT requires that employment for at least 3 years and/or Commercial Driving experience for the past 10 years be shown. If needed, use back side for additional information.

NAME OF EMPLOYER		JOB TITLE AND DUTIES		
ADDRESS		DATES OF EMPLOYMENT (MO/YR): FROM _____ TO _____		
CITY, STATE, ZIP CODE		PAY: START \$ _____ FINAL \$ _____		
SUPERVISOR(S)	TELEPHONE	Reason For Leaving		
NAME OF EMPLOYER		JOB TITLE AND DUTIES		
ADDRESS		DATES OF EMPLOYMENT (MO/YR): FROM _____ TO _____		
CITY, STATE, ZIP CODE		PAY: START \$ _____ FINAL \$ _____		
SUPERVISOR(S)	TELEPHONE	REASON FOR LEAVING		
NAME OF EMPLOYER		JOB TITLE AND DUTIES		
ADDRESS		DATES OF EMPLOYMENT (MO/YR): FROM _____ TO _____		
CITY, STATE, ZIP CODE		PAY: START \$ _____ FINAL \$ _____		
SUPERVISOR(S)	TELEPHONE	REASON FOR LEAVING		

## MILITARY SERVICE

Branch	From	To
Rank and Type of Discharge:		If other than honorable, explain on back.

## EDUCATION

LIST NAME AND ADDRESS OF SCHOOLS	Number of Years Completed	Diploma/ Degree/ Certificate	Subjects Studied
High School or GED: _____			
College or University: _____			
Vocational or Technical: _____			
What skills or additional training do you have that relate to the job for which you are applying? _____			
_____			
What machines or equipment can you operate that relate to the job for which you are applying? _____			
_____			

Are you applying for a position as a Commercial Motor Vehicle Driver? Yes \_\_\_\_\_ No \_\_\_\_\_ (If Yes, COMPLETE LICENSING PAGE)

## DISCLAIMER AND SIGNATURE

I certify that the answers provided on any and all documents submitted with this application are true and complete to the best of my knowledge.

If this application leads to employment, I understand that false or misleading information in my application or interview may result in my release.

Signature

Date

### An Equal Opportunity Employer

We do not discriminate on the basis of race, color, religion, national origin, sex, age, disability, or any other status protected by law or regulation. It is our intention that all qualified applicants be given equal opportunity and that selection decisions be based on job-related factors.

### Complete and return by mail to:

**Central Welding Supply  
Corporate Offices  
PO Box 116  
North Lakewood, WA 98259**

### Or, Fax to:

**(360) 651-1957**

## LICENSING

Have you ever been convicted of any law violation? Include any plea of "guilty" or "no contest." Exclude minor traffic violations. . . . . Yes  No

If yes, give details \_\_\_\_\_  
(A conviction will not necessarily disqualify an applicant for employment.)

If employed, do you expect to be engaged in any additional business or employment outside of our job?. . . . . Yes  No

If yes, give details \_\_\_\_\_

For Driving Jobs Only: Do you have a valid driver's license? . . . . . Yes  No

Driver's License Number \_\_\_\_\_ Class of License \_\_\_\_\_ State Licensed In \_\_\_\_\_

Endorsements \_\_\_\_\_ Expiration Date \_\_\_\_\_ Date of Birth \_\_\_\_\_

List professional, trade, business or civic activities and offices held. (Exclude labor organizations and memberships which reveal race, color, religion, national origin, sex, age, disability or other protected status.) \_\_\_\_\_

## DRIVING EXPERIENCE

### TRAFFIC CONVICTIONS AND FORFEITURES FOR THE PAST 3 YEARS (other than parking violations)

LOCATION	DATE	CHARGE	PENALTY

(ATTACH SHEET IF MORE SPACE IS NEEDED)

A. Have you ever been denied a license, permit or privilege to operate a motor vehicle? Yes \_\_\_\_\_ No \_\_\_\_\_

B. Has any license, permit or privilege ever been suspended or revoked? Yes \_\_\_\_\_ No \_\_\_\_\_

IF THE ANSWER TO EITHER A OR B IS YES, ATTACH A STATEMENT GIVING DETAILS.

CLASS OF EQUIPMENT	TYPE OF EQUIP (Van, Tank, Flat, Etc.)	DATES		APPROX # OF MILES (TOTAL)
		FROM	TO	
STRAIGHT TRUCK			-	
TRACTOR AND TRAILER			-	
TRACTOR-TWO TRAILERS			-	
OTHER			-	

### ACCIDENT RECORD FOR PAST 3 YEARS OR MORE (ATTACH SHEET IF MORE SPACE NEEDED)

DATES	NATURE OF ACCIDENT (Head-on, Rear-end, Upset, Etc.)	FATALITIES	INJURIES
STRAIGHT TRUCK			
TRACTOR AND TRAILER			
TRACTOR-TWO TRAILERS			
OTHER			