



BOB'S WELDING FABRICATION & MAINTENANCE INC.

APPLICATION FOR EMPLOYMENT

An Equal Opportunity Employer

GENERAL INFORMATION

Answer each question **fully** and **accurately**. **No action can be taken on this application until you have answered all questions.** **PLEASE PRINT**, except for signature on back of application. In reading and answering the following questions, be aware that none of the questions are intended to imply illegal preferences or discrimination based upon non-job related information.

Today's Date: _____ Job applying for: _____ Pay Desired: \$ _____

First Name: _____ Middle Name: _____ Last Name: _____

Current Street Address: _____

Phone No: (____) _____ - _____ D.O.B. ____ / ____ / ____

EMAIL ADDRESS: _____

When can you start work? _____ Can you work weekends? YES NO

How Many Years of Experience: _____ Can you pass a background Check? YES NO

Were you ever employed here? YES NO If yes, when? _____

Have you ever been convicted of any criminal offense (felony or misdemeanor)? YES NO

Include any plea of "guilty" of "no contest" (**Include traffic violation**). If yes, give details:

(A conviction will not necessarily disqualify an applicant for employment)

Do you have a valid Driver's License? YES NO

Have you had your driver's license suspended or revoked in the last (3) years? YES NO

If hired, would you have transportation to/from work? YES NO

542 S. Combee Road, Lakeland, FL 33801
Office Phone: (863) 665-0135 Fax: (863) 667-1162
Email: bobswelding1978@gmail.com

EDUCATION

:

High School Name 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:

WORK HISTORY

List names or employers in consecutive order with present or last employer listed first. Account for all periods of time including military service and any periods of unemployment. If self-employed, give firm name and supply business references. **Note:** A job offer may be contingent upon acceptable references from current and former employers.

1. NAME OF EMPLOYER	JOB TITLE AND DUTIES
ADDRESS	DATES OF EMPLOYMENTS (MO/YR): FROM TO
CITY, STATE, ZIP CODE	PAY: START \$ FINAL\$
SUPERVISOR(S) PHONE NUMBER	Reason for Leaving
2. NAME OF EMPLOYER	JOB TITLE AND DUTIES
ADDRESS	DATES OF EMPLOYMENTS (MO/YR): FROM TO
CITY, STATE, ZIP CODE	PAY: START \$ FINAL\$
SUPERVISOR(S) PHONE NUMBER	Reason for Leaving
3. NAME OF EMPLOYER	JOB TITLE AND DUTIES
ADDRESS	DATES OF EMPLOYMENTS (MO/YR): FROM TO
CITY, STATE, ZIP CODE	PAY: START \$ FINAL\$
SUPERVISOR(S) PHONE NUMBER	Reason for Leaving

RELEASE OF INFORMATION: I authorize past employers to release any information requested by Bob's Welding Fabrication & Maintenance Inc. to determine employment eligibility. _____

Signature

PERSONAL REFERENCES

1.NAME	ADDRESS	PHONE#	RELATIONSHIP
2 NAME	ADDRESS	PHONE#	RELATIONSHIP
3. NAME	ADDRESS	PHONE#	RELATIONSHIP

PLEASE READ EACH STATEMENT CAREFULLY BEFORE SIGNING

I certify that all information provided in this employment application is true and complete. I understand that if I am extended an offer of employment it may be conditioned upon my successfully passing a complete background check. I understand that any false information or omission may disqualify me from further consideration for employment and may result in dismissal if discovered at a later date. I authorize the investigation of any or all statements contained in this application. I also authorize, whether listed or not, any person, school, current employer, past employers and organizations from a legal liability in making such statements. I understand I will be required to successfully pass a drug screening examination. I hereby consent to a pre- and/or post-employment drug screen as a condition of employment, if required. I consent to the release of any or all medical information as may be deemed necessary to judge my capability to do the work for which I am applying.

I UNDERSTAND THAT THIS APPLICATION, VERBAL STATEMENTS BY MANAGEMENT OR SUBSEQUENT EMPLOYMENT DOES NOT CREATE AN EXPRESS OR IMPLIED CONTRACT OF EMPLOYMENT NOR GUARANTEE EMPLOYMENT FOR ANY DEFINATE PERIOD OF TIME. ONLY THE PRESIDENT OR VICE-PRESIDENT OF THE ORGANIZATION HAS THE AUTHORITY TO ENTER INTO AN AGREEMENT OF EMPLOYMENT FOR ANY SPECIFIED PERIOD AND SUCH AGREEMENT MUST BE IN WRITING, SIGNED BY THE PRESIDENT OR VICE-PRESIDENT AND THE EMPLOYEE IF EMPLOYED. I UNDERSTAND THAT I HAVE BEEN HIRED AT THE WILL OF THE EMPLOYER AND MY EMPLOYMENT MAY BE TERMINATED AT ANY TIME WITH OR WITHOUT REASON AND WITH OR WITHOUT NOTICE.

RELEASE OF INFORMATION: I authorize past employers to release any information requested by Bob's Welding Fabrication & Maintenance Inc. to determine employment eligibility. **INITIAL** _____

I have read, understand, and by my signature consent to these statements.

Signature: _____ Date: _____

This application for employment will remain active for a period of (90) days

03/16

A COPY OF YOUR VALID DRIVERS LICENSE OR ID IS REQUIRED