



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 (if applying for a driving position)

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			