



EMPLOYMENT APPLICATION

For Internal Use Only

Starting Salary: _____

Start Date: _____

Department: _____

Approved by: _____

APPLICANT INFORMATION

Last Name		First		M.I.	Date			
Street Address				Apartment/Unit #				
City		State		ZIP				
Phone		E-mail Address						
Date Available:		Social Security No.		Desired Salary:		Per hour		
Date of Birth: (MM-DD-YYYY)								
REQUIRED: Circle the positions where you have EXPERIENCE:		Fitter	Rigger	Welder	General Fabricator	General Help	Detailer	Other: _____
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 worked for this company?		YES <input type="checkbox"/>	NO <input type="checkbox"/>	If so, when?				
Have you ever been convicted of a felony?		YES <input type="checkbox"/>	NO <input type="checkbox"/>	If yes, explain				
Do you have a valid driver's license?		YES <input type="checkbox"/>	NO <input type="checkbox"/>	State:	DL#:			
Do you have your own transportation to work?		YES <input type="checkbox"/>	NO <input type="checkbox"/>	If no, explain:				
Do you have the tools needed for the position you are applying for?		YES <input type="checkbox"/>	NO <input type="checkbox"/>	If yes, list tools:				

EDUCATION

High School		City/State					
From	To	Did you graduate?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	Degree		
College		City/State					
From	To	Did you graduate?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	Degree		
Other		City/State					
From	To	Did you graduate?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	Degree		

MILITARY SERVICE

Branch		From	To
Rank at Discharge		Type of Discharge	
If other than honorable, explain			

FAX APPLICATIONS TO 912.544.1384

REFERENCES

Please list three professional or personal references. By listing these references, you allow Steel Erectors to verify employment and check references.

Full Name	Relationship
Company	Phone ()
Address	
Full Name	Relationship
Company	Phone ()
Address	
Full Name	Relationship
Company	Phone ()
Address	

PREVIOUS EMPLOYMENT

Company	Phone ()	
Address	Supervisor	
Job Title	Starting Salary \$	Ending Salary \$
Responsibilities		
From	To	Reason for Leaving
May we contact your previous supervisor for a reference? YES <input type="checkbox"/> NO <input type="checkbox"/>		
Company	Phone ()	
Address	Supervisor	
Job Title	Starting Salary \$	Ending Salary \$
Responsibilities		
From	To	Reason for Leaving
May we contact your previous supervisor for a reference? YES <input type="checkbox"/> NO <input type="checkbox"/>		
Company	Phone ()	
Address	Supervisor	
Job Title	Starting Salary \$	Ending Salary \$
Responsibilities		
From	To	Reason for Leaving
May we contact your previous supervisor for a reference? YES <input type="checkbox"/> NO <input type="checkbox"/>		

WORK REQUIREMENTS

I understand that the nature of this work requires (at a minimum) the ability to:

- 1. Follow Instruction from a supervisor
- 2. Read and Write
- 3. Measure distances / Perform basic math operations
- 4. Lift weight over 50 lbs on a frequent basis
- 5. Reaching overhead and to the ground
- 6. Stand or walk for long periods of time
- 7. Climb ladders or stairways
- 8. Balance and walk on narrow beams
- 9. Work outdoors in extreme conditions
- 10. Work for extended periods of time

Check one:

_____ I will be able to perform the job duties outlined above without accommodation.

_____ I will need accommodations to perform the job duties outlined above. If so, please describe: _____

Signature

Date

DISCLAIMER AND SIGNATURE

I certify that my answers 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.

I freely & voluntarily agree to submit to a drug screen as part of my application for employment. I understand that either refusal to submit to the drug screen or failure to qualify according to the minimum standards established by the company for this drug screen may disqualify me from further consideration for employment.

I further understand that upon commencement of employment with the company, I may again be required to submit to a drug screen. I understand that refusal to take a requested drug screen may result in immediate suspension or discharge.

Steel Erectors' Drug-Free Workplace program is certified by the Georgia Workers' Compensation Board in accordance with Title 34, Chapter 9, Article 11 of the Official Code of Georgia Annotated. The confidentiality of any information received by the employer through a substance abuse testing program shall be maintained, except as otherwise provided by law.

I have read in full and understand the above statements and conditions of employment, or I will ask to have someone explain this information to me.

Signature

Date