



WASHINGTON METAL FABRICATORS

P.O. Box 1100 • 6555 Meyer Drive • Washington, Missouri 63090 • (636) 583-1600 • Fax: (636) 583-1616

* DRUG FREE WORKPLACE *

ALL APPLICANTS MUST PASS A DRUG SCREENING TEST BEFORE EMPLOYMENT. IN ADDITION, RANDOM TESTING OF PERSONNEL IS PERFORMED MONTHLY.

* indicates required information.

PERSONAL INFORMATION

DATE OF APPLICATION

*NAME (LAST NAME FIRST)		*SOCIAL SECURITY NUMBER	
*PRESENT ADDRESS	*CITY	*STATE	*ZIP CODE
PREVIOUS ADDRESS	CITY	STATE	ZIP CODE
HOME PHONE	CELL PHONE	EMAIL ADDRESS	
REFERRED BY			

EMPLOYMENT DESIRED

*POSITION	DATE YOU CAN START	SALARY DESIRED
ARE YOU CURRENTLY EMPLOYED? YES NO	IF SO, MAY WE CONTACT YOUR PRESENT EMPLOYER? YES NO	
HAVE YOU EVER WORKED FOR THIS COMPANY BEFORE? YES NO	DATES OF EMPLOYMENT	POSITION

EDUCATION HISTORY

NAME & LOCATION OF SCHOOL	YEARS ATTENDED	DID YOU GRADUATE?	SUBJECTS STUDIED
HIGH SCHOOL			
COLLEGE			
OTHER			

GENERAL INFORMATION

IS THERE ANY SUBJECTS OF SPECIAL STUDY / RESEARCH WORK OR SPECIAL TRAINING / SKILLS THAT MAKE YOU QUALIFIED FOR THIS POSITION?

EMPLOYMENT INFORMATION

(BEGIN WITH CURRENT EMPLOYER, OR IF NOT CURRENTLY EMPLOYED, MOST RECENT)

NAME OF EMPLOYER: _____	DATES EMPLOYED: _____
ADDRESS: _____	CITY: _____ STATE: _____ ZIP: _____
NAME OF SUPERVISOR: _____	PHONE NUMBER: _____
SALARY: _____	POSITION: _____ REASON FOR LEAVING: _____

NAME OF EMPLOYER: _____	DATES EMPLOYED: _____
ADDRESS: _____	CITY: _____ STATE: _____ ZIP: _____
NAME OF SUPERVISOR: _____	PHONE NUMBER: _____
SALARY: _____	POSITION: _____ REASON FOR LEAVING: _____

NAME OF EMPLOYER: _____	DATES EMPLOYED: _____
ADDRESS: _____	CITY: _____ STATE: _____ ZIP: _____
NAME OF SUPERVISOR: _____	PHONE NUMBER: _____
SALARY: _____	POSITION: _____ REASON FOR LEAVING: _____

NAME OF EMPLOYER: _____	DATES EMPLOYED: _____
ADDRESS: _____	CITY: _____ STATE: _____ ZIP: _____
NAME OF SUPERVISOR: _____	PHONE NUMBER: _____
SALARY: _____	POSITION: _____ REASON FOR LEAVING: _____

PERSONAL REFERENCES

NAME: _____	PHONE NUMBER: "aaaaaaaaaaaaaaaaaaaaaaaaaaaaaaaa"
ADDRESS: _____	CITY: _____ STATE: _____ ZIP: _____
BUSINESS EMPLOYED BY: _____	YEARS KNOWN: _____

NAME: _____	PHONE NUMBER: _____
ADDRESS: _____	CITY: _____ STATE: _____ ZIP: _____
BUSINESS EMPLOYED BY: _____	YEARS KNOWN: _____

AUTHORIZATION

"I certify that the facts contained in this application are true and complete to the best of my knowledge and understand that, if employed, falsified statements on this application shall be grounds for dismissal.

I authorize investigation of all statements contained herein and the references and employers listed above to give you any and all information concerning my previous employment and any pertinent information they may have, personal or otherwise, and release the company from all liability for any damage that may result from utilization of such information.

I also understand and agree that no representative of the company has any authority to enter into any agreement for employment for any specified period of time, or to make any agreement contrary to the foregoing, unless it is in writing and signed by an authorized company representative.

This waiver does not permit the release or use of disability-related or medical information in a manner prohibited by the American with Disabilities Act (ADA) and other relevant federal and state laws."

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FOR OFFICE USE ONLY:

POSITION	STARTING DATE	SALARY WAGES