HEARTLAND FABRICATION, LLC

1800 PAUL THOMAS BLVD. BROWNSVILLE, PA 15417

 Phone: 724.785.2575 Fax: 724.785.2577

APPLICATION FOR EMPLOYMENT

**PERSONAL**

|  |  |  |  |
| --- | --- | --- | --- |
| **NAME:** |  | **HOME PHONE:** |  |
| **STREET:** |  | **CELL PHONE:** |  |
| **CITY:** |  | **STATE:** | **ZIP:** |
| **POSITION APPLIED FOR:** |  | **LIST ANY DAYS/HOURS YOU ARE UNABLE TO WORK:** |  |
| **LIST ANY FRIENDS OR RELATIVES WORKING WITH US NOW:** |  |  |
| **HAVE YOU WORKED HERE BEFORE?** | **☐ YES ☐ NO** | **IF YES, HOW LONG?** |  |

**EDUCATION**

|  |  |  |
| --- | --- | --- |
| **NAME AND LOCATION:** | **DEGREE/MAJOR/GPA** | **DATE GRADUATED** |
| **COLLEGE/VOTECH** |  |  |  |

**SPECIAL SKILLS OR TRAINING (Applicable to Employment)**

|  |
| --- |
|  |
|  |

**EMPLOYMENT (Start with Most Recent)**

|  |  |  |  |
| --- | --- | --- | --- |
| **EMPLOYER:** |  | **COMPANY PHONE:** |  |
| **FROM:** |  | **TO:** |  | **DUTIES:** |  |
| **JOB TITLE:** |  |  |
| **SUPERVISOR’S NAME:** |  |  |
| **STARTING WAGE:** |  | **ENDING WAGE:** |  | **REASON FOR LEAVING:** |  |

**MAY WE CONTACT EMPLOYER AT ABOVE PHONE NUMBER? ☐ YES ☐ NO**

|  |  |  |  |
| --- | --- | --- | --- |
| **EMPLOYER:** |  | **COMPANY PHONE:** |  |
| **FROM:** |  | **TO:** |  | **DUTIES:** |  |
| **JOB TITLE:** |  |  |
| **SUPERVISOR’S NAME:** |  |  |
| **STARTING WAGE:** |  | **ENDING WAGE:** |  | **REASON FOR LEAVING:** |  |

**MAY WE CONTACT EMPLOYER AT ABOVE PHONE NUMBER? ☐ YES ☐ NO**

|  |  |  |  |
| --- | --- | --- | --- |
| **EMPLOYER:** |  | **COMPANY PHONE:** |  |
| **FROM:** |  | **TO:** |  | **DUTIES:** |  |
| **JOB TITLE:** |  |  |
| **SUPERVISOR’S NAME:** |  |  |
| **STARTING WAGE:** |  | **ENDING WAGE:** |  | **REASON FOR LEAVING:** |  |

**MAY WE CONTACT EMPLOYER AT ABOVE PHONE NUMBER? ☐ YES ☐ NO**

**MILITARY**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **BRANCH** | **RANK** | **DUTIES** | **SALARY FROM** | **SALARY TO** | **REASON FOR CHANGE IN RANK** |
|  |  |  |  |  |  |

**LIST SPECIAL SCHOOLING AND SKILLS ACUIRED DURING MILITARY SERVICE:**

**ADDITIONAL DATA**

|  |
| --- |
| Describe a time when you made a mistake at work**.** How did you deal with this situation and what was the outcome? |
|  |
|  |
| How was your job performance measured for your last position? |
|  |
| Describe a time when you had to cope with strict deadlines or time demands. Give an example |
|  |
|  |
| If we were to ask your last supervisor or teacher to provide you additional training or what would they suggest? |
|  |
| Comments regarding opportunity:  |
|  |

**PREOFESSIONAL REFERENCES**

|  |  |  |  |
| --- | --- | --- | --- |
| **NAME** | **ADDRESS** | **RELATIONSHIP** | **PHONE** |
|  |  |  |  |
|  |  |  |  |

|  |  |
| --- | --- |
| **HAVE YOU BEEN CONVICTED OF A FELONY OR FIRST DEGREE MISDEMEANOR** | **☐ YES ☐ NO** |
| **IF YES, WHAT CHARGES:** |  |
| **ARE YOU A U.S. CITIZEN:** | **☐ YES ☐ NO** |
| **IF NO, TYPE OF VISA:** |  | **VISA #:** |  | **AUTHORIZED BY:** |  |

**APPLICANT: READ BOTH SECTIONS AND SIGN BELOW:**

The information provided by me in this application for employment is true and complete to the best of my knowledge. I understand that if I am employed, any false statement will be considered as cause for possible dismissal.

**NOTIFICATION AND AUTHORIZATION OF DRUG TESTING**

I understand that according to the Heartland Fabrication, LLC Policy, I am required to submit a chemical analysis of my blood/urine. I understand that this analysis will be conducted by qualified laboratory personnel for any of the following reasons: pre-screening employment, randomly, post-accident, and upon reasonable suspicion. I consent freely and voluntarily to this request for blood/urine specimen. I hereby and herewith release Heartland Fabrication, LLC, the Facility, their employees, agents and contractors from any liability whatsoever arising from this request to furnish a blood/urine sample, the testing of the sample and decisions made concerning my employment based upon the results of the sample analysis. I consent to the Facility releasing the results of the examination and tests to Heartland Fabrication, LLC. I understand that if I decline to sign this Consent and thereby decline to have the blood/urine test, my employment with Heartland Fabrication, LLC may be jeopardized. I understand a documented chain of specimen custody exists to ensure the identity and integrity of my blood/urine sample throughout the collection and testing process. I understand that failing a specimen test would result in termination.

**NOTIFICATION AND AUTHORIZATION TO CONDUCT BACKGROUND INVESTIGATION**

I hereby authorize Heartland Fabrication, LLC or its agents to investigate my background to determine any and all information of concern to my record, whether same is of record or not, and I release employers and persons named in my application from all liability for any damages on account of his/her furnishing said information. Additionally, you are hereby authorized to make any investigation of my personal history, educational background, military record and criminal records through an investigative or credit agency or bureau of your choice. I authorize the release of this information by the appropriate agencies to the investigating service.

This authorization, in original or copy form, shall be valid for this and for any future reports and updated that may be requested.

|  |  |  |  |
| --- | --- | --- | --- |
| **APPLICANT SIGNATURE** |  | **DATE** |  |