

SUPERIOR STEEL CONNECTORS

Employment Application

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	
Position Applied for			
Are you over 21 years of age? YES <input type="checkbox"/> NO <input type="checkbox"/>			
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 or misdemeanor?	YES <input type="checkbox"/> NO <input type="checkbox"/>	If yes, explain	
Do you have your own Tools? YES <input type="checkbox"/> No <input type="checkbox"/> Lanyard, Harness, Sleever bar, Sleever Bar, Spud Wrenches, etc...			
Do you have Transportation? YES <input type="checkbox"/> No <input type="checkbox"/>			
Can you read blueprints? YES <input type="checkbox"/> No <input type="checkbox"/>			
Are you able to certify in shielded metal arc welding - 7018? YES <input type="checkbox"/> No <input type="checkbox"/>			
Are you able to certify to weld deck? YES <input type="checkbox"/> No <input type="checkbox"/>			
Do you have copies of any training certifications? YES <input type="checkbox"/> No <input type="checkbox"/> If yes, what are they? i.e. fall safety, scaffold, forklift			
Can you walk steel? YES <input type="checkbox"/> NO <input type="checkbox"/> Are you afraid of heights? YES <input type="checkbox"/> NO <input type="checkbox"/>			
Can you work in Colorado Springs? YES <input type="checkbox"/> NO <input type="checkbox"/> Can you work in Ft. Collins YES <input type="checkbox"/> NO <input type="checkbox"/>			
Can you work weekends, evenings and overtime YES <input type="checkbox"/> NO <input type="checkbox"/>			
Do you have any commitments which would prevent you from being at work each day, require you to come in late or leave early? YES			
If yes, please explain.			
Have you been absent from work in the last twelve months? YES <input type="checkbox"/> NO <input type="checkbox"/>			
If yes, please explain.			
Do you have any medical issues which would prevent you from doing the job. YES <input type="checkbox"/> NO <input type="checkbox"/>			
If yes, please explain.			
Have you ever been fired or asked to resign from a job? YES <input type="checkbox"/> No <input type="checkbox"/>			
If yes, please explain.			

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"/>			

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

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.	
Signature	Date