

BENDCO, INC.

Employment Application



Instructions: Complete all necessary information. You may be asked to provide additional information on another form. This application will be kept on file. It is to your advantage to periodically check to keep it current and active. Be sure to sign and date the application.

First		Last		M.I.		Date		
Street Address						Apartment/Unit #		
City				State		ZIP		
Phone				E-mail Address				
Date Available				Social Security No.			Desired Salary	
Position Applied for				Shift Preferred	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	Any <input type="checkbox"/>
Special Training or skills: (languages, machine operation, etc.) that would be of benefit in the job for which you are applying:								
Would you accept Full-time work?		YES <input type="checkbox"/>	NO <input type="checkbox"/>	Would you accept Part-time work?		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?				
Are you of legal age to work		YES <input type="checkbox"/>	NO <input type="checkbox"/>			(Provide all documentation. Proof is required)		
On what date would you be available to work?								

EDUCATIONAL BACKGROUND

Grammar School:				Location:			
From		To		Did you graduate?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	Degree or Diploma:
High School				Location			
From		To		Did you graduate?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	Degree or Diploma:
College				Location			
From		To		Did you graduate?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	Degree or Diploma:
Other				Location			
From		To		Did you graduate?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	Degree or Diploma:

Continuing Education: _____

PREVIOUS EMPLOYERS AND ADDRESSES

List most important employers first. Place an X by the employer(s) you do not want us to contact.

Company Name		Phone	
Contact Name		Address	
Position		Reason for leaving	Last Wage
Company Name		Phone	
Contact Name		Address	
Position		Reason for leaving	Last Wage
Company Name		Phone	
Contact Name		Address	
Position		Reason for leaving	Last Wage
Company Name		Phone	
Contact Name		Address	
Position		Reason for leaving	Last Wage

I CERTIFY THAT ALL THE INFORMATION SUBMITTED BY MED ON THIS APPLICATION IS TRUE AND COMPLETE, AND I UNDERSTAND THAT IF ANY FALSE INFORMATION, OMISSIONS, OR MISREPRESENTATIONS ARE DISCOVERED, MY APPLICATION MAY BE REJECTD AND IF I AM EMPLOYED, MY EMPLOYMENT MAY BE TERMINATED AT ANY TIME.

IN CONSIDERATION OF MY EMPLOYMENT, I GREE TO CONFORM TO THE COMPANY'S RULES AND REGULATIONS, AND I AGREE THAT MY EMPLOYMENT AND COMPENSATION CAN BE TERMINATED, WITH OR WITHOUT CAUSE, AND WITH OR WITHOUT NOTICE, AT ANY TIME, AT EITHER MY OR THE COMPANY'S OPTION. I ALSO UNDERSTAND AND AGREE THAT THE TERMS AND CONDITION OF MY EMPLOYMENT MAY BE CHANGED, WITH OR WITHOUT CAUSE AND WITH OR WITHOUT NOTICE, AT ANY TIME BY THE COMPANY. I UNDERSTAND TNAT NO COMPANY REPRESENTATIVE, OTHER THAN its PRESIDENT, AND THEN ONLY WHEN IN WRITING AND SIGNED BY THE PRESIDENT, HAS ANY AUTHORITY TO ENTER INTO ANY AGREEMENT FOR EMPLOYMENT FOR ANY SPECIFIC PERIOD OF TIME, OR TO MAKE ANY AGREEMENT CONTARY TO THE FOREGOING.

Applicant's Signature _____

Date _____

VOLUNTARY AFFIRMATIVE ACTION DATA

PLEASE NOTE: COMPLETION OF THIS FORM IS VOLUNTARY

We consider all applicants for positions without regard to race, color, religion, sex, national origin, citizenship, age, mental or physical disabilities, veteran/reserve/national guard or any other similarly protected status. We also comply with all applicable laws governing employment practices and do not discriminate on the basis of any unlawful criteria.

TO BE COMPLETED BY APPLICANT ON A VOLUNTARY BASIS. NOT FOR INTERVIEW PURPOSES. FILE SEPARATELY FROM APPLICATION.

In an effort to comply with requirements regarding government recordkeeping, reporting and other legal obligations which may apply, we request you complete this applicant data survey. Providing this information is **STRICTLY VOLUNTARY**. Failure to provide it will not subject you to any adverse personnel decision or action. Your cooperation is appreciated.

Please be advised that this survey is not a part of your official application for employment. It will not be used in any employment decision. The information will be used and kept confidential in accordance with applicable laws and regulations.

APPLICANT INFORMATION

Applicant Name:
Last First Middle

Address:
Street City State Zip Code

Daytime Phone: Evening Phone:

Male / Female

Position Applied For:

Date:

Referral Source:

<input type="checkbox"/> Government Employment Agency	<input type="checkbox"/> School	Located in:
<input type="checkbox"/> Walk-in	<input type="checkbox"/> Advertisement	
<input type="checkbox"/> Relative	<input type="checkbox"/> Current Employee	
<input type="checkbox"/> Private Employment Agency	<input type="checkbox"/> Other:	

Person who referred you, if applicable:

Please select one of the following Equal Employment Opportunity Identification Groups:

- | | |
|---|---|
| <input type="checkbox"/> Hispanic | <input type="checkbox"/> Black (Not of Hispanic origin) |
| <input type="checkbox"/> Asian / Pacific Islander | <input type="checkbox"/> American Indian / Alaskan Native |
| <input type="checkbox"/> White (Not of Hispanic origin) | |

MILITARY SERVICE

Branch	F r o m	To
Rank at Discharge	Type of Discharge	
If other than honorable, explain		

FOR ADMINISTRATIVE USE

Position(s) applied for: Current opening No current opening

Other position(s) considered for:

Hired? Yes No

Hire Date:

Position hired for:

Additional Notes:

Empty box for additional notes.

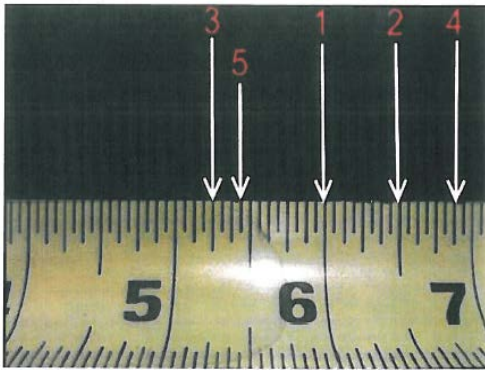
Completed by:
Date:

Empty box for completed by and date.

LIST ALL ALLOYS AND METALS YOU CAN WELD ON AND PROCESS- STICK, MIG, ETC.:

Empty list area for alloys and metals.

TAPE MEASURE TEST



- 1. _____
- 2. _____
- 3. _____
- 4. _____
- 5. _____

