



Application for Employment

Southcoast Welding & Manufacturing is an equal opportunity employer and does not unlawfully discriminate in employment. No question on this application is used for the purpose of limiting or excluding any applicant from consideration for employment on a basis prohibited by state or federal law. Equal access to employment, services, and programs is available to all persons. Those applicants requiring reasonable accommodation to the application and/or interview process should notify a representative of Southcoast.

Applicant name: _____ Date: _____
Position(s) applied for or type of work desired: _____
Date available to start work: _____
Type of employment desired: _____ full-time _____ part-time _____ temporary
How were you referred to us? _____

Employment History

Please provide all employment information for your past four (4) employers starting with the most recent.

Employer: _____ Position held: _____
Address: _____ Telephone #: _____
Immediate supervisor and title: _____
Dates employed: from _____ to _____ Salary: _____
Job summary: _____
Reason for leaving: _____

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Other Skills and Qualifications

Summarize any job-related training, skills, licenses, certificates, and/or other qualifications:

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Educational History

List school name and location, years completed, course of study, and any degrees earned:

College: _____
Technical Training: _____
Other: _____

Personal Information

Address: _____
Telephone HM #: _____ Cell #: _____

Social Security #: _____
Have you ever been previously employed by our organization? _____ Yes _____ No
Are you able to meet the attendance requirements? _____ Yes _____ No
Do you have any objection to working overtime if necessary? _____ Yes _____ No
Can you travel if required by this position? _____ Yes _____ No
Can you submit proof of legal employment authorization and identity? _____ Yes _____ No
If you are under 18, can you furnish a work permit if it is required? _____ Yes _____ No
Have you ever been convicted of a crime in the last 7 years? _____ Yes _____ No
If yes, please explain (a conviction will not automatically bar employment): _____

Driver's license number (if driving is an essential job duty): _____

Emergency

In case of emergency, please contact:

Name: _____ Relationship: _____
Phone: _____ Address: _____

I hereby authorize SCW to contact, obtain, and verify the accuracy of information contained in this application from all previous employers, educational institutions, and references. I also hereby release from liability the SCW and its representatives for seeking, gathering, and using such information to make employment decisions and all other persons or organizations for providing such information.

I understand that any misrepresentation or material omission made by me on this application will be sufficient cause for cancellation of this application or immediate termination of employment if I am employed, whenever it may be discovered.

If I am employed, I acknowledge that there is no specified length of employment and that this application does not constitute an agreement or contract for employment. Accordingly, either SCW or I can terminate the relationship at will, with or without cause, at any time, so long as there is no violation of applicable federal or state law.

I understand that it is the policy of SCW not to refuse to hire or otherwise discriminate against a qualified individual with a disability because of that person's need for a reasonable accommodation as required by the ADA.

I also understand that if I am employed, I will be required to provide satisfactory proof of identity and legal work authorization within three (3) days of being hired. Failure to submit such proof within the required time shall result in immediate termination of employment.

I represent and warrant that I have read and fully understand the foregoing, and that I seek employment under these conditions.

Applicant signature: _____ Date: _____

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