



## 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: \_\_\_\_\_

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

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

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

### 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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