

APPLICATION FOR EMPLOYMENT

Complete and Return (via mail, fax or e-mail):

West Metal Works, Inc.

186 Colgate Avenue, Buffalo NY 14220

Fax: 716-895-4861

gailp@westmetalworks.com

**PRE-EMPLOYMENT
QUESTIONNAIRE**

**AN EQUAL
OPPORTUNITY
EMPLOYER**

LAST

FIRST

PERSONAL INFORMATION

NAME (LAST, FIRST MI):		SOCIAL SECURITY #:		
PRESENT ADDRESS:	APT. NO.:	CITY:	STATE:	ZIP:
PERMANENT ADDRESS:	APT. NO.:	CITY:	STATE:	ZIP:
ARE YOU 18 YEARS OR OLDER? <input type="checkbox"/> YES <input type="checkbox"/> NO	HOME PHONE:	CELL PHONE:		
ARE YOU A U.S. CITIZEN? <input type="checkbox"/> YES <input type="checkbox"/> NO				

DESIRED EMPLOYMENT

POSITION:	DATE YOU CAN START:	SALARY DESIRED:
ARE YOU EMPLOYED NOW? <input type="checkbox"/> YES <input type="checkbox"/> NO		
EVER APPLIED TO THIS COMPANY BEFORE? <input type="checkbox"/> YES <input type="checkbox"/> NO	WHERE?	WHEN?
EVER WORKED FOR THIS COMPANY BEFORE? <input type="checkbox"/> YES <input type="checkbox"/> NO	WHERE?	WHEN?

MIDDLE

EDUCATION

SCHOOL LEVEL	NAME AND LOCATION OF SCHOOL	NO. OF YEARS ATTENDED	DID YOU GRADUATE?	SUBJECTS STUDIED
HIGH SCHOOL			<input type="checkbox"/> YES <input type="checkbox"/> NO	
COLLEGE			<input type="checkbox"/> YES <input type="checkbox"/> NO	
TRADE, BUSINESS OR CORRESPONDENCE SCHOOL			<input type="checkbox"/> YES <input type="checkbox"/> NO	

GENERAL

SUBJECTS OF SPECIAL STUDY OR RESEARCHWORK:
SPECIAL TRAINING:
SPECIAL SKILLS:

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FORMER EMPLOYERS

LIST BELOW LAST THREE EMPLOYERS, STARTING WITH THE MOST RECENT.

NAME OF PRESENT OR LAST EMPLOYER:			
ADDRESS:	CITY:	STATE:	ZIP:
STARTING DATE:	LEAVING DATE:	JOB TITLE:	
WEEKLY STARTING SALARY:	WEEKLY LEAVING SALARY:	MAY WE CONTACT YOUR SUPERVISOR? <input type="checkbox"/> YES <input type="checkbox"/> NO	
NAME OF SUPERVISOR:		TITLE:	PHONE:
DESCRIPTION OF WORK:			
REASON FOR LEAVING:			

NAME PREVIOUS EMPLOYER:			
ADDRESS:	CITY:	STATE:	ZIP:
STARTING DATE:	LEAVING DATE:	JOB TITLE:	
WEEKLY STARTING SALARY:	WEEKLY LEAVING SALARY:	MAY WE CONTACT YOUR SUPERVISOR? <input type="checkbox"/> YES <input type="checkbox"/> NO	
NAME OF SUPERVISOR:		TITLE:	PHONE:
DESCRIPTION OF WORK:			
REASON FOR LEAVING:			

NAME OF PREVIOUS EMPLOYER:			
ADDRESS:	CITY:	STATE:	ZIP:
STARTING DATE:	LEAVING DATE:	JOB TITLE:	
WEEKLY STARTING SALARY:	WEEKLY LEAVING SALARY:	MAY WE CONTACT YOUR SUPERVISOR? <input type="checkbox"/> YES <input type="checkbox"/> NO	
NAME OF SUPERVISOR:		TITLE:	PHONE:
DESCRIPTION OF WORK:			
REASON FOR LEAVING:			

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REFERENCES

BELOW, GIVE THE NAMES OF THREE PERSONS YOU ARE NOT RELATED TO, WHOM YOU HAVE KNOWN AT LEAST ONE YEAR.

	NAME	ADDRESS	PHONE	BUSINESS	YEARS AQUAINTED
1					
2					
3					

SERVICE RECORD

BRANCH OF SERVICE:	DISCHARGE DATE:
	RANK:

HOW DID YOU HEAR ABOUT US?

<input type="checkbox"/> JOB EMPLOYMENT LISTING	<input type="checkbox"/> NEWSPAPER	<input type="checkbox"/> FRIEND	<input type="checkbox"/> CURRENT/FORMER EMPLOYEE	<input type="checkbox"/> INTERNET
<input type="checkbox"/> ADVERTISEMENT	<input type="checkbox"/> WALK-IN	<input type="checkbox"/> OTHER:		

HAVE YOU EVER BEEN CONVICTED OF A FELONY? YES NO

IF YES, EXPLAIN (WILL NOT NECESSARILY EXCLUDE YOU FROM CONSIDERATION):

AUTHORIZATION

"I CERTIFY THAT THE FACTS CONTAINED IN THIS APPLICATION ARE TRUE AND COMPLETE TO THE BEST OF MY KNOWLEDGE AND UNDERSTAND THAT, IF EMPLOYED, FALSIFIED STATEMENTS ON THIS APPLICATION SHALL BE GROUNDS FOR DISMISSAL.

I AUTHORIZE INVESTIGATION OF ALL STATEMENTS CONTAINED HEREIN AND THE REFERENCES AND EMPLOYERS LISTE ABOVE TO GIVE YOU ANY AND ALL INFORMATION CONCERNING MY PREVIOUS EMPLOYMENT AND ANY PERTINENT INFORMATION THEY MAY HAVE, PERSONAL OR OTHERWISE AND RELEASE THE COMPANY FROM ALL LIABILITY FOR ANY DAMAGE THAT MAY RESULT FROM UTILIZATION OF SUCH INFORMATION.

I ALSO UNDERSTAND AND AGREE THAT NO REPRESENTATIVE OF THE COMPANY HAS ANY AUTHORITY TO ENTER INTO ANY AGREEMENT FOR EMPLOYMENT FOR ANY SPECIFIED PERIOD OF THIME, OR TO MAKE ANY AGREEMENT CONTRARY TO THE FOREGOING, UNLESS IT IS IN WRITING AND SIGNED BY AN AUTHORIZED COMPANY REPRESENTATIVE."

DATE

SIGNATURE

West Metal Works, Inc.

DO NOT WRITE ON THIS PAGE FOR INTERVIEWER'S USE ONLY

INTERVIEWED BY:	DATE:
COMMENTS:	

INTERVIEWED BY:	DATE:
COMMENTS:	

INTERVIEWED BY:	DATE:
COMMENTS:	

HIRED (DATE) FOR DEPT:		FOR POSITION:	
SALARY WAGES:		WILL REPORT:	
APPROVED 1	EMPLOYMENT MANAGER:	DATE:	
APPROVED 2	DEPARTMENT MANAGER:	DATE:	
APPROVED 3	GENERAL MANAGER:	DATE:	