



## Application for Employment

Applicant's Name: \_\_\_\_\_ Date: \_\_\_\_\_

Address: \_\_\_\_\_

Telephone Number: \_\_\_\_\_

Are you 18 years of age or older?

Yes  No

Are you either a U.S. citizen or an alien authorized to work in the U.S.?

Yes  No

Have you been convicted of a felony?

Yes  No

If yes, please enter date & conviction \_\_\_\_\_

Have you ever worked or attended school under another name? If so, under what name?

\_\_\_\_\_

### Position Desired

Position: \_\_\_\_\_ Available start date: \_\_\_\_\_

Desired Pay: \_\_\_\_\_

Do you prefer:  Full-time If full-time, are you able to work overtime: \_\_\_\_\_

Part-time If part-time, hours per week desired: \_\_\_\_\_

Hours available to work: \_\_\_\_\_

Days of week available to work: \_\_\_\_\_

Are you employed now?  Yes  No

If yes, what date did you begin working for your current employer? \_\_\_\_\_

If employed, may we enquire with your current employer?  Yes  No

Reason(s) for wanting to leave: \_\_\_\_\_

Supervisor(s) at this company: \_\_\_\_\_

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### **Education**

Include name and location of schools along with course of study.

High School:	Graduated? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Technical School:	Graduated? <input type="checkbox"/> Yes <input type="checkbox"/> No	Course of Study:
College/University:	Graduated? <input type="checkbox"/> Yes <input type="checkbox"/> No	Course of Study:
Post-Graduate Education:	Graduated? <input type="checkbox"/> Yes <input type="checkbox"/> No	Course of Study:
Other education, training, or specific skills:		

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### **Skills**

Are you experienced in Welding?  Yes  No

If yes how long have you been skilled at welding?

\_\_\_\_\_

Are you experienced in Machine Work or Fabrication?  Yes  No

If yes, what specific machines have you operated, and experience in fabrication do you have?

\_\_\_\_\_

What other skills do you have that would be valuable to our manufacturing shop?

\_\_\_\_\_

Do you have knowledge about Hog Equipment/Ag related items?  Yes  No  NA

Are you knowledgeable in basic office/computer skills?  Yes  No  NA  
Are you personable?  Yes  No

What other skills do you possess that would be valuable to our company?

\_\_\_\_\_

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### **References**

Identify at least three people (non-family) who can speak to your work, work ethic and/or abilities:

Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_ Email: \_\_\_\_\_

Address: \_\_\_\_\_ City, State, Zip: \_\_\_\_\_

Job Position/Title: \_\_\_\_\_ Years Known: \_\_\_\_\_

Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_ Email: \_\_\_\_\_

Address: \_\_\_\_\_ City, State, Zip: \_\_\_\_\_

Job Position/Title: \_\_\_\_\_ Years Known: \_\_\_\_\_

Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_ Email: \_\_\_\_\_

Address: \_\_\_\_\_ City, State, Zip: \_\_\_\_\_

Job Position/Title: \_\_\_\_\_ Years Known: \_\_\_\_\_

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## **Work Experience**

Please list all previous employment, beginning with the most recent or current employer. If you need more room, you may attach another sheet of paper.

<b>Employer:</b>	Address: City, State:
Dates Employed:	Phone:
Supervisors Name:	Position Held:
Description of Duties:	
Reason for Leaving:	
Starting Compensation:	Final Compensation:
<b>Employer:</b>	Address: City, State:
Dates Employed:	Phone:
Supervisors Name:	Position Held:
Description of Duties:	
Reason for Leaving:	
Starting Compensation:	Final Compensation:
<b>Employer:</b>	Address: City, State:
Dates Employed:	Phone#
Supervisors Name:	Position Held:
Description of Duties:	
Reason for Leaving:	
Starting Compensation:	Final Compensation:

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## **Authorization and Acknowledgements**

I affirm that the information I have provided in this application is true to the best of my knowledge, information, and belief, and I have not knowingly withheld any information requested. I understand that withholding or misstating any information requested in this application is grounds for rejection of my application, and that providing false or misleading information in this application is grounds for discharge.

I authorize the company to verify my references, record of employment, education record, and any other information I have provided. Unless otherwise noted, I authorize the references I have listed to disclose any information related to my work record and my professional experiences with them, without giving me prior notice of such disclosure. In addition, I release the company, my former employers and all other persons and entities, from all claims, demands or liabilities arising out of or in any way related to such inquiry or disclosure.

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Candidate's Signature

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Date