



CRITICAL WELDING // MANUFACTURING

Application for Employment

11 Industrial Boulevard, Sauk Rapids, MN 56379

For the safety of our employees, C4 Welding has adopted a Drug and Alcohol Testing Policy.
All new employees will be required to pass a pre-employment Drug Screen and Background Check.

Personal Information

Name	Date
Street Address	City, State, Zip
Home Phone Mobile Phone	Email Address
Position Desired	Salary Desired
How Were You Referred to C4 Welding?	Full Time <input type="checkbox"/> Part Time <input type="checkbox"/> Temp <input type="checkbox"/>
Days Available to Work Mon <input type="checkbox"/> Tues <input type="checkbox"/> Wed <input type="checkbox"/> Thurs <input type="checkbox"/> Fri <input type="checkbox"/> Sat <input type="checkbox"/> Sun <input type="checkbox"/>	Preferred Shift Days <input type="checkbox"/> Evenings <input type="checkbox"/> Nights <input type="checkbox"/>
Can You Work Overtime if Requested? Yes <input type="checkbox"/> No <input type="checkbox"/>	Are You Under the Age of 18? Yes <input type="checkbox"/> No <input type="checkbox"/>
If Hired, could you provide written proof of the right to work in the U.S.? Yes <input type="checkbox"/> No <input type="checkbox"/>	

Education

Name & Location of School	Major	Degree/Diploma/Certification	Years of Schooling Completed	GPA
High School City/State				
College City/State				
Technical City/State				
Other				
Describe any other skills that would better qualify you for this position				

Military Service

Complete this section if you served in the U.S Armed Forces.

Describe your duties and any special training.	Branch of Service
Period of Active Duty (Month & Year): From: To:	Rank at Time of Discharge

Employment History

Please provide at least five years of employment history, beginning with the most current position.

1- Company Name/Address/Phone Number	Position	Dates Employed
Supervisor's Name:		From: To:
Duties & Responsibilities	Salary	Reason for Leaving
If presently employed, may we contact your employer? Yes <input type="checkbox"/> No <input type="checkbox"/>		

2- Company Name/Address/Phone Number	Position	Dates Employed
Supervisor's Name:		From: To:
Duties & Responsibilities	Salary	Reason for Leaving

3- Company Name/Address/Phone Number	Position	Dates Employed
Supervisor's Name:		From: To:
Duties & Responsibilities	Salary	Reason for Leaving

4- Company Name/Address/Phone Number	Position	Dates Employed
Supervisor's Name:		From: To:
Duties & Responsibilities	Salary	Reason for Leaving

References

List supervisors and others familiar with your work or school achievements that are non-relatives.

Name	Address & Phone Number	Relationship	Years Known	Occupation

Briefly summarize the personal characteristics and/or qualifications you will bring to C4 Welding if hired.

I understand and agree that any misrepresentation by me in this application may be sufficient cause for cancellation of this application and/or termination if employed. I authorize C4 Welding, Inc. to obtain any necessary information regarding my work performance and qualifications and do hereby unconditionally release C4 Welding, Inc. from all liability for any damage whatsoever that might result from obtaining this information.

I consent to taking an employment physical examination and drug test if required by the company. I understand that employment by C4 Welding may be subject to security policies of the company and the United States Government.

I understand and agree that, if hired, my employment does not create an implied contract for a definite time and is thus an employment-at-will, terminable at any time in accordance with C4 Welding, Inc. policy.

Applicant Signature: _____

Applications will be kept in a current file for six months | C4 Welding, Inc. is an Equal Opportunity Employer

