

**SOUTH COAST WELDING & MANUFACTURING**  
EMPLOYMENT APPLICATION

APPLICANT INFORMATION			
Last Name	First	M.I.	Date
Street Address		Apartment/Unit #	
City	State	ZIP	
Phone	E-mail Address		
Date Available			
Position Applied for			
Are you authorized to work in the U.S.?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	
Have you ever worked for this company?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	If so, when?
Do you have any friends or relatives working here?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	If yes, please complete Name: Relationship
Have you ever used another name?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	If yes, please complete Name: Reason:

Do you have adequate transportation to and from work? YES  NO  Are you capable of performing the essential job duties of the position for which you are applying? YES  NO

Are you bound by provisions of a Non-Compete, Proprietary, or Confidentiality Agreement? YES  NO  If yes, for how long?

May we contact your current employer? YES  NO  If No, please explain:

Is there anything you wish to avoid in a new job?

Please indicate any experience, special training and/or qualifications that you may have which you feel are relevant to the position for which you are applying:

PREVIOUS EMPLOYMENT	
Please list the names of your present or previous employers in chronological order with present or last employer listed first. Be sure to account for all periods of time including military service and any period of unemployment. If self-employed, give firm name and supply business references. (Add additional page if necessary).	
Company	Phone ( )
Address	Supervisor

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Job Title				
Responsibilities				
From	To	Reason for Leaving		
May we contact your previous supervisor for a reference?      YES <input type="checkbox"/> NO <input type="checkbox"/>				
Company			Phone (    )	
Address			Supervisor	
Job Title				
Responsibilities				
From	To	Reason for Leaving		
May we contact your previous supervisor for a reference?      YES <input type="checkbox"/> NO <input type="checkbox"/>				
Company			Phone (    )	
Address			Supervisor	
Job Title				
Responsibilities				
From	To	Reason for Leaving		
May we contact your previous supervisor for a reference?      YES <input type="checkbox"/> NO <input type="checkbox"/>				

Please explain any gaps in your employment history:

<b>MILITARY SERVICE</b>				
Branch				
Rank at Discharge				
<b>EDUCATION</b>				
High School		Address		
	Did you graduate?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	Degree
College		Address		
From	To	Did you graduate?	YES <input type="checkbox"/>	NO <input type="checkbox"/>
				Degree
Graduate or Professional		Address		
From	To	Did you graduate?	YES <input type="checkbox"/>	NO <input type="checkbox"/>
				Degree

Other		Address		
From	To	Did you graduate?	YES <input type="checkbox"/>	NO <input type="checkbox"/>
		Degree		

**REFERENCES**

*Please list three professional references.*

Full Name	Relationship
Company	Phone ( )
Address	
Full Name	Relationship
Company	Phone ( )
Address	
Full Name	Relationship
Company	Phone ( )
Address	

APPLICATION WILL BE CONSIDERED ACTIVE FOR THE PERIOD OF TIME FOR WHICH THE POSITION YOU APPLIED REMAINS OPEN OR A MAXIMUM OF 30 DAYS, WHICHEVER IS GREATER. IF YOU WISH TO BE CONSIDERED FOR EMPLOYMENT AFTER THAT TIME, YOU MUST RE-APPLY.

**DISCLAIMER AND SIGNATURE**

I understand that any misrepresentation, falsification or material omission of information may result in my failure to receive an offer, or if I have been hired, in my dismissal from employment. Continuation of employment is contingent upon a clear criminal background check. In consideration of my employment, I agree to confirm to the rules and standards of South Coast Welding & Manufacturing and agree that my employment and compensation can be terminated at will, with or without cause, and with or without notice, at any time, either at my option or at the option of the company.

This employment at will relationship exists regardless of any other written statements or policies contained in any Company documents or any verbal statement to the contrary.

Signature	Date
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## **APPLICANT'S STATEMENT AND AGREEMENT**

In the event of my employment with South Coast Welding & Manufacturing, I will comply with all rules and regulations of South Coast Welding & Manufacturing ("Employer"). I understand that Employer reserves the right to require me to submit to a test for the presence of drugs in my system prior to employment and at any time during my employment, to the extent permitted by law. I also understand that any offer of employment may be contingent upon the passing of a physical examination and a test for the presence of alcohol in my system, performed by a doctor selected by Employer. Further, I understand that at any time after I am hired, Employer may require me to submit to a physical examination and an alcohol test, to the extent permitted by law. I consent to the disclosure of the results of any physical examination and related tests to Employer. I also understand that I may be required to take other tests such as personality and honesty tests, prior to employment and during my employment. I understand that should I decline to sign this consent or decline to take any of the above tests, my application for employment may be rejected or my employment may be terminated. I understand that bonding may be a condition of hire. If it is, I will be so advised either before or after hiring and a bond application will have to be completed.

I understand that Employer may contact my previous employers and I authorize those employers to disclose to Employer all records and information pertinent to my employment with them. In addition to authorizing the release of any information regarding my employment, I hereby fully waive any rights or claims I have or may have against my former employers, their agents, employees and representatives, as well as other individuals who release information to Employer, and release them from any and all liability, claims, or damages that may directly or indirectly result from the use, disclosure, or release of any such information by any person or party, whether such information is favorable or unfavorable to me. I authorize the persons named herein as personal references to provide Employer with any pertinent information they may have regarding me.

I hereby state that all the information that I provided on this application or any other documents filled out in connection with my employment, and in any interview is true and correct. I have withheld nothing that would, if disclosed, affect this application unfavorably. I understand that if I am employed by Employer and any such information is later found to be false or incomplete in any respect, I may be dismissed.

If hired, I agree as follows: My employment and compensation is terminable at-will, is for no definite period, and my employment and compensation may be terminated by Employer at any time and for any reason whatsoever, with or without good cause at the option of either Employer or myself. No implied, oral, or written agreements contrary to the express language of this agreement are valid unless they are in writing signed by the Chief Executive Officer of Employer, or another individual who has any authority to make any agreements contrary to the foregoing. This agreement is the entire agreement between Employer and the undersigned regarding the rights of Employer and the undersigned to terminate employment with or without good cause, and this agreement takes the place of all prior and contemporaneous agreements, representations, and understandings of the undersigned and Employer.

I hereby acknowledge that I have read the above statements and understand the same. If you have any questions regarding these statements, please ask an Employer representative before signing. **DO NOT SIGN UNTIL YOU HAVE READ THE ABOVE STATEMENTS AND AGREEMENT.**

X   
  
**Signature of Applicant** **Date**

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# Voluntary Affirmative Action Information

## Applicant Data Flow

(Completion of Information Below is Voluntary )

### APPLICANT DATA RECORD

Applicants are considered for all positions, and employees are treated during employment without regard to color, religion, sex, national origin, age and disability. As employers/government contractors, we comply with government regulations and Affirmative Action responsibilities.

Solely to help us comply with government record keeping, reporting and other legal requirements, please complete this form. This data is for periodic government reporting and will be kept in a Confidential file, separate from the Application for employment. We appreciate your cooperation.

Date            /            /

Applicant's Name: \_\_\_\_\_  
Last
First
Middle

Position(s) applied for: \_\_\_\_\_

**Referral Source:**

- |   |  |  |                                   |
|---|--|--|-----------------------------------|
| <input type="checkbox"/> Internet Advertisement       | <input type="checkbox"/> Print Advertisement | <input type="checkbox"/> Employee Referral         | <input type="checkbox"/> Relative |
| <input type="checkbox"/> Walk-in                      | <input type="checkbox"/> School              | <input type="checkbox"/> Private Employment Agency |                                   |
| <input type="checkbox"/> Government Employment Agency |  | <input type="checkbox"/> Other                     |                                   |

### AFFIRMATIVE ACTION SURVEY

Government agencies require periodic reports on the sex, ethnicity, disabled and veteran status of applicants. This data is for analysis and Affirmative Action only. Submission of information is voluntary.

Please check where appropriate:

- |  |   |  |  |
|--|---|--|--|
| <input type="checkbox"/> Female                                    | <input type="checkbox"/> Male                                       |  |  |
| _____  |   |  |  |
| <input type="checkbox"/> White (not Hispanic or Latino)            | <input type="checkbox"/> Black or African American                  |  |  |
| <input type="checkbox"/> Asian (not Hispanic or Latino)            | <input type="checkbox"/> American Indian-/ Alaskan Native           | <input type="checkbox"/> Hispanic or Latino  |  |
| <input type="checkbox"/> Native Hawaiian or other Pacific Islander | <input type="checkbox"/> Two or More Races (not Hispanic or Latino) |  |  |
| <input type="checkbox"/> Decline to state                          |   |  |  |
| _____  |   |  |  |
| <input type="checkbox"/> Vietnam Era Veteran                       | <input type="checkbox"/> Disabled Veteran                           | <input type="checkbox"/> Disabled individual |  |
| <input type="checkbox"/> Decline to state                          |   |  |  |

TO BE COMPLETED BY APPLICANT - NOT FOR INTERVIEW PURPOSES - TO BE FILED SEPARATELY FROM APPLICATION

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