

Return to: 1964 Hwy 84 E
 Laurel MS 39443
 Fax: 601-399-0601



Employment Application

APPLICANT INFORMATION										
Last Name			First			M.I.		Date		
Street Address						Date of Birth				
City			State			ZIP				
Phone			Drivers License #							
Date Available			Social Security No.			Desired Salary				
Position Applied for: Circle One: Pipe Welder Structural Welder Pipe Fitter Structural Fitter Helper Other-										
Are you a citizen of the United States?		YES <input type="checkbox"/>	NO <input type="checkbox"/>	If no, 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?						
Have you ever been convicted of a felony?		YES <input type="checkbox"/>	NO <input type="checkbox"/>	If yes, explain						
EDUCATION										
High School				Address						
From	To	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					
Other				Address						
From	To	Did you graduate?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	Degree					
REFERENCES										
<i>Please list three professional references.</i>										
Full Name					Relationship					
Company					Phone					
Address										
Full Name					Relationship					
Company					Phone					
Address										
Full Name					Relationship					
Company					Phone					
Address										

PREVIOUS EMPLOYMENT						
Company			Phone			
Address			Supervisor			
Job Title		Starting Salary	\$	Ending Salary	\$	
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		Starting Salary	\$	Ending Salary	\$	
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		Starting Salary	\$	Ending Salary	\$	
Responsibilities						
From	To	Reason for Leaving				
May we contact your previous supervisor for a reference?			YES <input type="checkbox"/>	NO <input type="checkbox"/>		
SPECIAL SKILLS						
DISCLAIMER AND SIGNATURE						
I certify that my answers are true and complete to the best of my knowledge.						
If this application leads to employment, I understand that false or misleading information in my application or interview may result in my release.						
Signature					Date	