



Excellence in Machining & Welding

Application for Employment

Ducworks, Inc. is committed to providing equal employment opportunities to qualified applicants without regard to race, religion, color, sex, age, national origin, ancestry, citizenship, or disability. Ducworks, Inc. complies with all federal and state laws governing equal opportunities.

Personal Information

NAME (LAST, FIRST, MIDDLE)		SOCIAL SECURITY NUMBER — —	
PRESENT ADDRESS	CITY	STATE	ZIP CODE
PERMANENT ADDRESS	CITY	STATE	ZIP CODE
PHONE NUMBER	SECONDARY PHONE	EMAIL ADDRESS	REFERRED BY:

Employment Desired

POSITION:	DATE YOU CAN START:	SALARY DESIRED:
ARE YOU CURRENTLY EMPLOYED? <input type="checkbox"/> YES <input type="checkbox"/> NO	IF SO, MAY WE CONTACT YOUR CURRENT EMPLOYER? <input type="checkbox"/> YES <input type="checkbox"/> NO	ARE YOU LEGALLY AUTHORIZED TO WORK IN THE U.S.? <input type="checkbox"/> YES <input type="checkbox"/> NO
HAVE YOU EVER APPLIED AT DUCWORKS BEFORE? <input type="checkbox"/> YES <input type="checkbox"/> NO	FOR WHAT POSITION?	WHEN?
DO YOU HAVE A CURRENT DRIVER'S LICENSE? <input type="checkbox"/> YES <input type="checkbox"/> NO Issuing State _____ License # _____ Exp. _____	Has Your Driver's License or Professional License ever been revoked or suspended? <input type="checkbox"/> YES <input type="checkbox"/> NO	
If yes, state the reason, date, and date of reinstatement:		DO YOU HAVE ANY PRIOR FELONY CONVICTIONS? <input type="checkbox"/> YES <input type="checkbox"/> NO

Education History

	NAME & LOCATION OF SCHOOL	YEARS ATTENDED	DID YOU GRADUATE?	SUBJECT STUDIED
HIGH SCHOOL				
COLLEGE				
TRADE SCHOOL				

General Information

SUBJECT OF SPECIAL STUDY OR EXPERTISE:
PLEASE LIST ANY SPECIAL TRAINING YOU HAVE HAD:
PLEASE LIST ANY SPECIAL SKILLS YOU MAY HAVE ACQUIRED:

Former Employers (LIST YOUR LAST FOUR EMPLOYERS, STARTING WITH THE LAST ONE FIRST)

DATE (MONTH AND YEAR)	NAME & ADDRESS OF EMPLOYER	CONTACT NAME & PHONE NUMBER	SALARY	POSITION	REASON FOR LEAVING
FROM:					
TO:					
FROM:					
TO:					
FROM:					
TO:					
FROM:					
TO:					

Please complete application on the back of this page →

Professional References (PLEASE LIST THREE PERSONS NOT RELATED TO YOU, WHO YOU HAVE KNOWN FOR AT LEAST ONE YEAR)

NAME	COMPANY NAME	ADDRESS	PHONE NUMBER	YEARS KNOWN

Authorization

I certify that the answers given herein are true and complete to the best of my knowledge.

I hereby authorize Ducworks, Inc. to thoroughly investigate my references, work record, education and other matters related to my suitability for employment, and further, authorize my former employers to disclose to Ducworks, Inc. any and all letters, reports and other information related to my work records, without giving me prior notice of such disclosure. In addition, I hereby release Ducworks, Inc., my former employers and all other persons, corporations, partnerships and associations from any and all claims, demands or liabilities arising out of or in any way related to such investigation or disclosure.

I understand that nothing contained in the application or conveyed during any interview which may be granted is intended to create an employment contract between the applicant and Ducworks, Inc.

I also understand and acknowledge that, unless otherwise defined by applicable law, any employment relationship with Ducworks, Inc. is of an "at will" nature, which means that the Employee may resign at any time and the employer may discharge the employee at any time with or without cause. It is further understood that this "at will" employment relationship may not be changed by any written document or by conduct unless such change is specifically acknowledged in writing by an authorized executive of this organization.

In the event of employment, I understand that false or misleading information given in my application, resume or interview(s) may result in discharge. I understand, also, that I am required to abide by all rules and regulations of Ducworks, Inc.

SIGNATURE

DATE

FOR OFFICE USE ONLY

MANAGER:	
DATE/TIME STAMP:	INITIALS:
NOTES:	
SCHEDULE INTERVIEW: <input type="checkbox"/> YES <input type="checkbox"/> NO	DATE OF INTERVIEW:
	TIME OF INTERVIEW: