

Hackney Ladish, Inc.

AN EQUAL OPPORTUNITY EMPLOYER

APPLICATION FOR EMPLOYMENT

HL 0204 (R 7/06)

APPLICANT'S STATEMENT

I declare that my answers to the questions on this application are true and complete. I understand that any unanswered questions may cause my application to be rejected, and if I leave out important facts about my background or make any false or misleading statements on this application, other paperwork or during interviews, I may not be hired or I may be fired if Hackney Ladish finds out later. I give permission to my past employers, schools and personal references to give Hackney Ladish any and all information about my work habits, education, training and character. I release all persons from all liability and agree not to sue anyone for any damages that may happen from giving or using this information.

I confirm that I have seen a description of the major job duties and physical requirements of the job I am applying for, and I understand that my application will be considered only for this specific job. I acknowledge that any job offer is not final until I pass Hackney Ladish's drug/alcohol test, job related physical exam and reference check.

If hired, I agree to learn and follow all company rules, policies and practices, and to follow my supervisors' lawful orders and instructions. I will use and wear all safety items required by Hackney Ladish and will be careful in my work not to expose myself or fellow workers to unnecessary dangers. I will submit to drug/alcohol tests and medical exams by a doctor chosen by Hackney Ladish at any time asked, and I will submit to such exams before making any claim against Hackney Ladish for injury or illness which happened at work. I give permission to all medical care providers to give Hackney Ladish any and all medical information about my work injury or illness. I will also cooperate in any Hackney Ladish investigation by giving true and complete answers to all questions. I understand that Hackney Ladish may add, change or stop using any published or unpublished rules, policies and prior practices at any time. **I also understand that I or Hackney Ladish can terminate my employment at any time, with or without cause or notice.**

I agree not to give out any of Hackney Ladish's trade secrets, or any information about the company without permission, and I agree not to do things in conflict with the interests of Hackney Ladish.

I certify that I have read this Applicant's Statement in full, that it has been explained to me to my satisfaction, and that I understand and fully agree to accept the responsibilities it places on me, and I sign it of my own free will. I understand that this application is valid only on the day I sign it and it may stay active for up to one month.

Applicant Signature	Date of Application	Witness
Name (Last)	(First)	Middle
Social Security Number		
Address	(City)	(State) (Zip)
Telephone (Area Code/Number)		

PERSONAL

Specific Job(s) Applying For:	Are you at least 18 years of age? <input type="checkbox"/> Yes <input type="checkbox"/> No
(1) _____ (2) _____	Date Available To Begin Working: _____
Are you employed now? <input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, may we contact your present employer? <input type="checkbox"/> Yes <input type="checkbox"/> No
Are you a U.S. citizen? <input type="checkbox"/> Yes <input type="checkbox"/> No	Have you been convicted of a felony in the last 7 years? <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, explain: _____
Can you lawfully work in the U.S.? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Have you worked for Hackney Ladish? <input type="checkbox"/> Yes <input type="checkbox"/> No	I cannot regularly work: <input type="checkbox"/> Overtime <input type="checkbox"/> Day Shift <input type="checkbox"/> Weekends <input type="checkbox"/> Night Shift
If Yes, When: _____	
Where: _____	

EDUCATION

Name and Address of School	Dates Attended	Subject Area Studied	Did You Graduate?	Degree and Major
High School			<input type="checkbox"/> Yes <input type="checkbox"/> No	
College/University	From _____ To _____		<input type="checkbox"/> Yes <input type="checkbox"/> No	Date _____
Graduate/Professional Program	From _____ To _____		<input type="checkbox"/> Yes <input type="checkbox"/> No	Date _____
Business/Technical/Trade School	From _____ To _____		<input type="checkbox"/> Yes <input type="checkbox"/> No	Date _____

Certifications/Licenses (Specify Type, Date Earned and Number)

I have one (1) year or more work experience with the following: (check all that apply)

SKILLS

WELDING	MACHINERY	MATERIAL HANDLING	PAINT/COATING	OFFICE/CLERICAL	OTHER
<input type="checkbox"/> ASME Code	<input type="checkbox"/> Shears	<input type="checkbox"/> Forklift	<input type="checkbox"/> Airless/Gun	<input type="checkbox"/> Switchboard/PBX	<input type="checkbox"/> Blueprints/Schematics
<input type="checkbox"/> AWS Code	<input type="checkbox"/> Lathes	<input type="checkbox"/> Crane	<input type="checkbox"/> Enamel	<input type="checkbox"/> Dictation Equipment	<input type="checkbox"/> Robotic Equipment
<input type="checkbox"/> Semi-auto	<input type="checkbox"/> Presses	<input type="checkbox"/> Mobile Equipment	<input type="checkbox"/> Epoxies	<input type="checkbox"/> CRT/Data Entry	<input type="checkbox"/> CPR
<input type="checkbox"/> Stick	<input type="checkbox"/> Threaders	<input type="checkbox"/> Hysters	<input type="checkbox"/> Electrostatic	<input type="checkbox"/> Calculator	<input type="checkbox"/> First Aid
<input type="checkbox"/> Submerged Arc	<input type="checkbox"/> Flangers	<input type="checkbox"/>	<input type="checkbox"/> Urethanes	<input type="checkbox"/> Word Processing	<input type="checkbox"/> Security
<input type="checkbox"/> Tacking	<input type="checkbox"/> Grinders	MAINTENANCE	<input type="checkbox"/> Polyurethanes	<input type="checkbox"/> Spreadsheets	<input type="checkbox"/> Truck Driving
<input type="checkbox"/> All Position	<input type="checkbox"/> Burning Equipment	<input type="checkbox"/> Electrical	<input type="checkbox"/> Esters	<input type="checkbox"/> Database	
<input type="checkbox"/> Aluminum	<input type="checkbox"/> Bending Rolls	<input type="checkbox"/> Mechanical	<input type="checkbox"/> Plural Components	<input type="checkbox"/> Personal/Mini Computer	
<input type="checkbox"/> Stainless	<input type="checkbox"/> CNC	<input type="checkbox"/> Hydraulic	<input type="checkbox"/> Grit Blast	<input type="checkbox"/> Midrange/Mainframe	
<input type="checkbox"/> Alloys	<input type="checkbox"/>	<input type="checkbox"/> Electronic	<input type="checkbox"/> Shot Blast	<input type="checkbox"/> Computer Peripherals	
<input type="checkbox"/> Carbon Steel	<input type="checkbox"/>	<input type="checkbox"/> Pneumatics	<input type="checkbox"/>	<input type="checkbox"/> CAD Systems	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

PLEASE: Start with current or most recent employer.

EMPLOYMENT

FROM	TO	COMPANY	STREET ADDRESS/CITY/STATE/ZIP	TELEPHONE (AREA CODE/NUMBER)
BEGINNING JOB TITLE		REASON FOR LEAVING		
ENDING JOB TITLE		DESCRIBE YOUR JOB DUTIES AND SPECIFIC EQUIPMENT/TOOLS/SYSTEMS USED.		
SUPERVISOR(S)				
BEGINNING/FINAL PAY RATE				
FROM	TO	COMPANY	STREET ADDRESS/CITY/STATE/ZIP	TELEPHONE (AREA CODE/NUMBER)
BEGINNING JOB TITLE		REASON FOR LEAVING		
ENDING JOB TITLE		DESCRIBE YOUR JOB DUTIES AND SPECIFIC EQUIPMENT/TOOLS/SYSTEMS USED.		
SUPERVISOR(S)				
BEGINNING/FINAL PAY RATE				
FROM	TO	COMPANY	STREET ADDRESS/CITY/STATE/ZIP	TELEPHONE (AREA CODE/NUMBER)
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SUPERVISOR(S)				
BEGINNING/FINAL PAY RATE				
FROM	TO	COMPANY	STREET ADDRESS/CITY/STATE/ZIP	TELEPHONE (AREA CODE/NUMBER)
BEGINNING JOB TITLE		REASON FOR LEAVING		
ENDING JOB TITLE		DESCRIBE YOUR JOB DUTIES AND SPECIFIC EQUIPMENT/TOOLS/SYSTEMS USED.		
SUPERVISOR(S)				
BEGINNING/FINAL PAY RATE				

THIS SPACE FOR HACKNEY LADISH USE ONLY

Interviewed By: _____	Date _____	Interviewed By: _____	Date _____
Interviewed For: _____		Interviewed For: _____	
Notes/Assessment Results: _____		Notes/Assessments/Results: _____	
_____		_____	
_____		_____	
_____		_____	

VOLUNTARY IDENTIFICATION

Hackney Ladish, Inc. is an Equal Opportunity/Affirmative Action Employer. It is our policy to consider applicants for employment without regard to race, religion, color, sex, age, national origin, disability, or veteran status. However, Hackney Ladish is required by law to maintain certain information about applicants that is not used in the hiring process. If you supply us with the information below, it will be used strictly in accordance with the law. If you choose not to supply the information to Hackney Ladish it will have no effect whatsoever on the employment process.

NAME _____ APPLICATION DATE _____
 1) _____ 2) _____
 SPECIFIC JOB(S) APPLIED FOR _____

Check one: <input type="checkbox"/> Female <input type="checkbox"/> Male	Check one: (Race/Ethnic Origin) <input type="checkbox"/> American Indian/Alaskan Native <input type="checkbox"/> Asian/Pacific Islander <input type="checkbox"/> Black (not of Hispanic Origin) <input type="checkbox"/> Hispanic <input type="checkbox"/> White (Caucasian)	Check any of the following if applicable: <input type="checkbox"/> Disabled Veteran <input type="checkbox"/> Vietnam Era Veteran <input type="checkbox"/> Non-Veteran <input type="checkbox"/> Individual with a Disability <input type="checkbox"/> I need an Accommodation
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How did you learn about this job opening? (check only one)

<input type="checkbox"/> Newspaper	<input type="checkbox"/> Unemployment Office	<input type="checkbox"/> College	<input type="checkbox"/> Referral _____
<input type="checkbox"/> Employment Agency	<input type="checkbox"/> Trade School	<input type="checkbox"/> Call/Walk In	<input type="checkbox"/> Other _____

DO NOT WRITE BELOW THIS LINE – FOR PERSONNEL USE ONLY

Division: _____ Dept: _____	TO BE COMPLETED ONLY IF HIRED:	
Status: (Check One) 1. <input type="checkbox"/> Not Interviewed 2. <input type="checkbox"/> Interviewed, Not Hired 3. <input type="checkbox"/> Offer Refused 4. <input type="checkbox"/> Offer Accepted 5. <input type="checkbox"/> Confirmed Positive Drug/Alcohol Test 6. <input type="checkbox"/> Offer Rescinded	Start Date: _____	Pay Rate: \$ _____ per _____
	Date of Birth: _____	
	EMERGENCY CONTACT DATA	
Date Offered: (if applicable) _____	1) _____	
	(NAME) _____ (RELATIONSHIP) _____ () _____ () _____	PHONE (DAY) _____ PHONE (NIGHT) _____
Date Refused: (if applicable) _____	2) _____	
	(NAME) _____ (RELATIONSHIP) _____ () _____ () _____	PHONE (DAY) _____ PHONE (NIGHT) _____

NOTE:
 After separating this page from the completed Application, make sure the data is recorded in the appropriate records, then store this page in a secure location separate from personnel files.

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