



## Employment Application

TriCo Welding Supplies, Inc. is an equal opportunity employer, dedicated to a policy of non-discrimination in employment on any basis including age, sex, color, race, creed, national origin, religion, marital status, sexual orientation, political belief or disability.

Federal law prohibits the employment of unauthorized aliens. All persons hired must submit satisfactory proof of employment authorization and identity within three (3) days of being hired. Failure to submit such proof within the required time shall result in immediate employment termination.

### Personal Data

_____	_____	_____
First Name	Middle	Last
_____	_____	_____
Street Address	City	State
		Zip Code
_____	_____	_____
Home Telephone Number	Social Security Number	Today's Date

Daytime Telephone Number at which we may contact you: \_\_\_\_\_

Are you 18 years of age or older? Yes \_\_\_\_\_ No \_\_\_\_\_

Have you ever been convicted of a crime? Yes \_\_\_\_\_ No \_\_\_\_\_

If "yes", please explain:

### Position Preferences

For what position are you applying? \_\_\_\_\_

Salary Desired: \$ \_\_\_\_\_ per \_\_\_\_\_ (specifically hour, week, or year)

Schedule Desired: Full Time \_\_\_\_\_ Part Time \_\_\_\_\_ # of Hours Per Week \_\_\_\_\_

Could you work overtime: Yes \_\_\_\_\_ No \_\_\_\_\_

What date could you start work? \_\_\_\_\_

## Previous Employment

List your current or most recent employment first. Include work related internships, military and volunteer work.

Employer: \_\_\_\_\_

City and State: \_\_\_\_\_

Telephone #: \_\_\_\_\_

Supervisor's Name and Title: \_\_\_\_\_

Position Title: \_\_\_\_\_

Job Description:

Reason for Leaving: \_\_\_\_\_

Salary: \_\_\_\_\_ per Hour Week Month Year (circle one)

Dates of Employment: From: \_\_\_\_\_ To: \_\_\_\_\_

May we contact your employer: Yes \_\_\_\_\_ No \_\_\_\_\_

Employer: \_\_\_\_\_

City and State: \_\_\_\_\_

Telephone #: \_\_\_\_\_

Supervisor's Name and Title: \_\_\_\_\_

Position Title: \_\_\_\_\_

Job Description:

Reason for Leaving: \_\_\_\_\_

Salary: \_\_\_\_\_ per Hour Week Month Year (circle one)

Dates of Employment: From: \_\_\_\_\_ To: \_\_\_\_\_

May we contact your employer: Yes \_\_\_\_\_ No \_\_\_\_\_

Employer: \_\_\_\_\_

City and State: \_\_\_\_\_

Telephone #: \_\_\_\_\_

Supervisor's Name and Title: \_\_\_\_\_

Position Title: \_\_\_\_\_

Job Description:

Reason for Leaving: \_\_\_\_\_

Salary: \_\_\_\_\_ per Hour Week Month Year (circle one)

Dates of Employment: From: \_\_\_\_\_ To: \_\_\_\_\_

May we contact your employer: Yes \_\_\_\_\_ No \_\_\_\_\_

## Professional References

Name	_____	_____	_____
Title	_____	_____	_____
Company	_____	_____	_____
Phone	_____	_____	_____
Professional Relationship	_____	_____	_____

## Education

### Highschool:

School Name: \_\_\_\_\_

City and State: \_\_\_\_\_

Degree or # of Years Completed: \_\_\_\_\_

Major or Subject: \_\_\_\_\_

Grade Point Average: \_\_\_\_\_

### College:

School Name: \_\_\_\_\_

City and State: \_\_\_\_\_

Degree or # of Years Completed: \_\_\_\_\_

Major or Subject: \_\_\_\_\_

Grade Point Average: \_\_\_\_\_

### Graduate School:

School Name: \_\_\_\_\_

City and State: \_\_\_\_\_

Degree or # of Years Completed: \_\_\_\_\_

Major or Subject: \_\_\_\_\_

Grade Point Average: \_\_\_\_\_

List any certificates earned or in progress, and/or any additional training programs not included in your formal education.

**Department of Motor Vehicle  
Permission Form**

I give my permission to Wraith, Scarlett & Randolph Insurance Services to check my Department of Motor Vehicle report and share the results with the available companies. I understand the information contained on the report may adversely affect my ability to obtain insurance and/or the premium quoted.

Drivers Name: \_\_\_\_\_  
Drivers License #: \_\_\_\_\_ State: \_\_\_\_\_  
Date of Birth: \_\_\_\_\_

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date