

**Machine and Welding of Danbury, Inc.**  
 Shop Address: 1260 N. Main Street Walnut Cove, NC 27052  
 Phone: (336) 591-9164



**Application for Employment**

Candidate's Name: \_\_\_\_\_ Date: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Telephone Number: \_\_\_\_\_ Email: \_\_\_\_\_

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

Are you legally authorized to work in the United States?  Yes  No

Have you ever worked or attended school under another name?  Yes  No

If yes, under what name? \_\_\_\_\_

Position desired: \_\_\_\_\_ Start date available: \_\_\_\_\_

Wage rate desired: \$ \_\_\_\_\_  Hourly  Monthly  Annually

Do you prefer:  Full-time  Part-time If part-time, hours per week desired: \_\_\_\_\_

*Please select all days you are available below. For any day you are available, please fill in your hours of availability.*

<b>Day:</b>	Mon. <input type="checkbox"/>	Tues. <input type="checkbox"/>	Wed. <input type="checkbox"/>	Thurs. <input type="checkbox"/>	Fri. <input type="checkbox"/>	Sat. <input type="checkbox"/>	Sun. <input type="checkbox"/>
<b>Hours:</b>							

Are you able to work:  Holidays  Overtime

Have you previously worked for Machine and Welding of Danbury, Inc.?  Yes  No

If yes, from \_\_\_\_\_ to \_\_\_\_\_ Reason(s) for leaving: \_\_\_\_\_

Former supervisor(s) at this company: \_\_\_\_\_

How did you learn about this opening? \_\_\_\_\_

## Education

High School:	Graduated? <input type="checkbox"/> Yes <input type="checkbox"/> No	Course of Study:
Technical School:	Graduated? <input type="checkbox"/> Yes <input type="checkbox"/> No	Course of Study:
College/University:	Graduated? <input type="checkbox"/> Yes <input type="checkbox"/> No	Course of Study:
Post-Graduate Education:	Graduated? <input type="checkbox"/> Yes <input type="checkbox"/> No	Course of Study:
Other education, training, or special skills:		

## Work Experience

*Please list all previous employment, beginning with the most recent. If you need more room, you may attach another sheet of paper.*

Employer:		Address:	
From:	To:	Position Held:	Reason for Leaving:
Supervisor's Name & Title:			May we contact? <input type="checkbox"/> Yes <input type="checkbox"/> No
Description of Duties:			
Starting Compensation:		Final Compensation:	
Employer:		Address:	
From	To	Position Held:	Reason for Leaving:
Supervisor's Name & Title:			May we contact? <input type="checkbox"/> Yes <input type="checkbox"/> No
Description of Duties:			
Starting Compensation:		Final Compensation:	

## Skills (Use N/A if not applicable to job applying for)

Are you experienced in using personal computers?  Yes  No *If yes:*  PC  Mac

Are you able to use any of the following:  Word  Excel  PowerPoint  Outlook  DropBox

Please list any other programs/skills that may be relevant to the position:

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Typing Speed (WPM): \_\_\_\_\_

## References

*Please list three professional references, beginning with the most recent.*

Name:	Phone Number:	Email:
Address:		City, State, Zip:
Position or Title:	Years Known:	
Name:	Phone Number:	Email:
Address:		City, State, Zip:
Position or Title:	Years Known:	
Name:	Phone Number:	Email:
Address:		City, State, Zip:
Position or Title:	Years Known:	

## Authorization and Acknowledgements

I affirm that the information I have provided in this application is true to the best of my knowledge, information, and belief, and I have not knowingly withheld any information requested. I understand that withholding or misstating any information requested in this application is grounds for rejection of my application, and that providing false or misleading information in this application is grounds for discharge.

I authorize the company to verify my references, record of employment, education record, and any other information I have provided. Unless otherwise noted, I authorize the references I have listed to disclose any information related to my work record and my professional experiences with them, without giving me prior notice of such disclosure. In addition, I release the company, my former employers and all other persons and entities, from any and all claims, demands or liabilities arising out of or in any way related to such inquiry or disclosure.

\_\_\_\_\_  
Candidate's Signature

\_\_\_\_\_  
Date