

# APPLICATION FOR EMPLOYMENT

## Cate Machine and Weldng, Inc.

AN EQUAL OPPORTUNITY EMPLOYER

INSTRUCTIONS: Please print or write clearly. Your Application can be promptly evaluated **only** if you answer all questions completely.

This application will be considered current for six months from this date. After that period, a new application must be completed if you still desire employment with Cate Machine and Welding, Inc.

Date \_\_\_\_\_

Name: \_\_\_\_\_  
Last Name First Name M.I.

Present Address: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Telephone: Home \_\_\_\_\_ Work \_\_\_\_\_

Position Sought (be specific): \_\_\_\_\_

Date available to begin work: \_\_\_\_\_

Rate of pay expected: \_\_\_\_\_ Full-time \_\_\_\_\_ Part-time \_\_\_\_\_

Do you have a driver's license? Yes \_\_\_\_\_ No \_\_\_\_\_ State \_\_\_\_\_ Driver's License # \_\_\_\_\_

Have you ever been employed by Cate Machine? Yes \_\_\_\_\_ No \_\_\_\_\_  
If yes, please list date(s) \_\_\_\_\_

Do you have a legal right to work in the United States? Yes \_\_\_\_\_ No \_\_\_\_\_

Describe any education, training, or professional experience which you believe qualifies you, or makes you a desirable candidate for the position for which you are applying.  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

### Military Service Record

Were you in the U.S. Armed Forces: Yes \_\_\_\_\_ No \_\_\_\_\_  
If yes, which branch? \_\_\_\_\_

Dates of Duty: From: \_\_\_\_\_ To: \_\_\_\_\_  
Month Day Year Month Day Year

List duties in service, including special training that makes you a desirable candidate:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

### Criminal/Legal Record

Please answer the following questions "yes" or "no". **If you answer yes to any of the questions, please use the space below to provide all pertinent information including: charge, official or court where charge is pending, date of conduct, date of conviction and any other information you would like to have considered.**

Failure to provide a full and accurate statement of circumstances may effectively end consideration of your application!

Do you currently have criminal charges pending against you? Yes\_\_\_\_\_ No\_\_\_\_\_

Have you plead guilty or been convicted of a crime?  
(excluding minor traffic violations) Yes\_\_\_\_\_ No\_\_\_\_\_

Have you ever been discharged from employment for theft or alleged theft?  
If yes, was it alleged theft of: money\_\_\_\_\_ merchandise\_\_\_\_\_ property\_\_\_\_\_

Explanation of "yes" answers above \_\_\_\_\_

If you discovered a fellow employee who you suspected of theft (merchandise, property, or money), what would you do?

**Existence of a criminal record does not constitute an automatic bar to employment and your record will be considered only as it may relate to the job for which you are applying.**

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### General Information

Do you have any activities, commitments or responsibilities (i.e. jobs or school) that might prevent you from meeting work schedule or attendance? If yes, please explain: \_\_\_\_\_

How many days have you been absent from work in the last year? \_\_\_\_\_ Please explain the reason(s) for absenteeism: \_\_\_\_\_

Have you ever quit a job without giving notice? \_\_\_\_\_ If yes, please explain: \_\_\_\_\_

Have you ever had your employment terminated or been asked to resign by an employer? \_\_\_\_\_ If yes, please explain: \_\_\_\_\_

What is your reason for applying with Cate Machine? \_\_\_\_\_

What do you expect to be doing three years from now? \_\_\_\_\_

Have you had any serious misunderstandings with fellow employees? \_\_\_\_\_ If yes, please explain: \_\_\_\_\_

**Employment History**

(List most recent or current employer first)

Name of employer \_\_\_\_\_

Address \_\_\_\_\_

Date Started: \_\_\_\_\_ Date Ended: \_\_\_\_\_ Phone # \_\_\_\_\_

Job titles and duties: \_\_\_\_\_

Name of supervisor: \_\_\_\_\_

Reason for leaving: \_\_\_\_\_

Name of employer \_\_\_\_\_

Address \_\_\_\_\_

Date Started: \_\_\_\_\_ Date Ended: \_\_\_\_\_ Phone # \_\_\_\_\_

Job titles and duties: \_\_\_\_\_

Name of supervisor: \_\_\_\_\_

Reason for leaving: \_\_\_\_\_

Name of employer \_\_\_\_\_

Address \_\_\_\_\_

Date Started: \_\_\_\_\_ Date Ended: \_\_\_\_\_ Phone # \_\_\_\_\_

Job titles and duties: \_\_\_\_\_

Name of supervisor: \_\_\_\_\_

Reason for leaving: \_\_\_\_\_

May we contact the employers listed? \_\_\_\_\_ If not, please indicate those you wish us not to contact \_\_\_\_\_

**References:** List two people familiar with your work habits and history. When possible, please use local references and please do not include former employers, minors and relatives.

Name \_\_\_\_\_ Address \_\_\_\_\_

Phone # \_\_\_\_\_ Relationship \_\_\_\_\_

What do they know about you? \_\_\_\_\_

Name \_\_\_\_\_ Address \_\_\_\_\_

Phone # \_\_\_\_\_ Relationship \_\_\_\_\_

What do they know about you? \_\_\_\_\_

A condition of employment is being able to meet certain physical requirements. Do you have any physical or medical limitations or impairments that may interfere with your ability to perform the tasks associated with the position you seek? Yes \_\_\_\_\_ No \_\_\_\_\_ If yes, please explain: \_\_\_\_\_

Physical examination, drug testing, and pre-employment testing/questionnaires before beginning employment. I am willing to submit to such examinations/test as required by Cate Machine Yes \_\_\_\_\_ No \_\_\_\_\_

### Physical Requirements

The following is a description of the minimum physical requirements regularly required for the position(s) for which you are applying. Please check "yes" or "no" for each of the following, indicating whether or not you are currently able to routinely perform these functions without harming yourself or other employees.

Lifting 50 pounds (possibly overhead)	Yes _____ No _____	Reaching above shoulder level	Yes _____ No _____
Carrying 25 pounds	Yes _____ No _____	Climbing	Yes _____ No _____
Squatting for a period of time	Yes _____ No _____	Walking while carrying weight	Yes _____ No _____
Bending or stooping	Yes _____ No _____	Standing for a minimum of 4 hrs.	Yes _____ No _____
Twisting	Yes _____ No _____	Shoveling snow	Yes _____ No _____
Pushing/pulling	Yes _____ No _____	Working in temperature/humidity	Yes _____ No _____

**This information will be used to evaluate your ability to adequately and safely perform the works required in this position. A negative answer will not automatically disqualify you from consideration.**

**Please read carefully before signing.** I hereby give my permission to Cate Machine and Welding, Inc. and its employees to seek verification of the information stated on this application. I understand that Cate Machine may contact others for verification and amplification of this information. I release Cate Machine, its employees, agents and all persons contacted from all information and belief. I understand that any misrepresentation may result in non-employment, or discharge. I understand that if employed, my employment is for no definite period and that I may be terminated at any time for any reason, with or without cause.

Employee agrees to a 90 day probationary period, during which time employment may be terminated by Cate Machine and Welding, Inc. with no further obligation. After the 90 day probationary period, benefits and vacation time will begin accruing, retroactive to employee's start date.

**I HAVE READ THE ABOVE PARAGRAPH AND UNDERSTAND IT.**

Applicant's Signature \_\_\_\_\_

Date \_\_\_\_\_

Cate Machine officer \_\_\_\_\_

Date \_\_\_\_\_