
Last Name

First Name

Middle Name



**FLORIDA WELDING
WEST INDIES STEEL, INC.**

APPLICATION FOR EMPLOYMENT

PLEASE NOTE BEFORE YOU PROCEED: In order to be considered for employment with Florida Welding Fabricators & Erectors, Inc., all applicants must:

1. Allow Florida Welding to check previous employers and references.
2. Allow Florida Welding to perform a complete background check including, but not limited to, driving records and criminal history.
3. **Certify that they are drug free and submit to a drug screening and / or alcohol test.**
4. Furnish proof of identity and legal work authorization pursuant to IRCA within three business days of hire.

IF YOU CANNOT AGREE TO THE ABOVE, DO NOT CONTINUE WITH THIS APPLICATION.

CONDITIONAL JOB OFFERS: Any job offer made will be conditional upon Florida Welding's receipt of satisfactory results of any and / or all screenings and checks performed as a part of our pre-employment process. Under certain circumstances, Florida Welding may permit applicants to begin working conditionally before all results are complete. This type of work is conditional and may be terminated immediately if the results of such inquiries are unsatisfactory. However, the applicant will be paid for any time worked in compliance with the law.

ATTENTION REQUIRES: If you have been previously employed by Florida Welding within the past 90 days, please bring this to our attention prior to completing this application. This form is not for rehires.

POSITION

Position Desired

Rate Of Pay Desired

PERSONAL INFORMATION

Last Name

First Name

Middle Name

Social Security Number

Current Home Address: Number, Street, Apt. #, Lot, etc.

Drivers License

State ID

No:

State:

City

State

Zip Code

Contact Phone #

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Please notify us if you possess a Commercial Drivers License and complete the supplemental drivers application.
All employment with Florida Welding is "At-Will" and may be terminated for any reason.

BACKGROUND

Are you 18 years of age or older?		<input type="checkbox"/> Yes	<input type="checkbox"/> No	
Are you authorized to work in the United States?		<input type="checkbox"/> Yes	<input type="checkbox"/> No	
If you are not a U.S. Citizen, do you have permission to live and work in the U.S.?		<input type="checkbox"/> Yes	<input type="checkbox"/> No	
Do you speak English?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Do you speak Spanish?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
If requested, would you be willing to work:				
		<input type="checkbox"/> Outside the Continental U.S.		
<input type="checkbox"/> Overtime	<input type="checkbox"/> Nights	<input type="checkbox"/> Holidays	<input type="checkbox"/> Weekends	<input type="checkbox"/> Relocate
Have you ever been convicted of a felony?		<input type="checkbox"/> Yes	<input type="checkbox"/> No	
Conviction of a crime will not necessarily be a bar to employment. If yes, give details below (Offense, Date, Disposition)				
Have you ever been fired or asked to resign by an employer?		<input type="checkbox"/> Yes	<input type="checkbox"/> No	
If yes, please explain:				

EDUCATION

High School		Location:	
From:	To:	Did you graduate?	Degree:
		<input type="checkbox"/> Yes <input type="checkbox"/> No	
College		Location:	
From:	To:	Did you graduate?	Degree:
		<input type="checkbox"/> Yes <input type="checkbox"/> No	
Trade School or Other		Location:	
From:	To:	Did you graduate?	Degree:
		<input type="checkbox"/> Yes <input type="checkbox"/> No	

TRAINING AND CERTIFICATIONS

Class Or Certification	Date Taken	Given / Issued By

EMPLOYMENT HISTORY

List most recent employer first – Include periods of unemployment

Employer #1

Company	Date From	Date To	Job Title		
Street Address	City	State	Zip	Pay Start	Pay End
Supervisors Name		Phone Number		Fax Number	

Description Of Duties

Reason For Leaving

Employer #2

Company	Date From	Date To	Job Title		
Street Address	City	State	Zip	Pay Start	Pay End
Supervisors Name		Phone Number		Fax Number	

Description Of Duties

Reason For Leaving

Employer #3

Company	Date From	Date To	Job Title		
Street Address	City	State	Zip	Pay Start	Pay End
Supervisors Name		Phone Number		Fax Number	

Description Of Duties

Reason For Leaving

AUTHORIZATION FOR
DRIVERS LICENSE / BACKGROUND CHECK

(Please read and sign this form in the space provided below. Your written authorization is necessary for completion of the application process.)

I, _____, hereby authorize Florida Welding Fabricators & Erectors, Inc. to investigate my background and qualifications for purposes of evaluating whether I am qualified for the position for which I am applying. I understand that Florida Welding Fabricators & Erectors, Inc. will utilize an outside firm or firms to assist it in checking such information, and I specifically authorize such an investigation by information services and outside entities of the company's choice. I also understand that I may withhold my permission and that in such a case, no investigation will be done, and my application for employment will not be processed further.

Applicant's Name – Printed

____ / ____ / ____
Date of Birth

_____ - ____ - ____
Social Security Number

Drivers License Number

State of Issue

Signature of Applicant

Date