

# Suffolk Iron Works, Inc.

## APPLICATION FOR EMPLOYMENT

Applicants will receive consideration without discrimination because of race, creed, color, sex, age, national origin, handicap or veteran status.

### PERSONAL

Name: \_\_\_\_\_ Date: \_\_\_\_\_

Street Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

Home Telephone: \_\_\_\_\_ Social Security: \_\_\_\_\_

Position Applied for: \_\_\_\_\_ Pay Expected: \_\_\_\_\_

Are you legally eligible for employment in the United States? \_\_\_\_\_

When will you be available to begin work? \_\_\_\_\_

This position is full-time; 5 days per week, 8 hours per day. Overtime is **required**.

Are you able to meet the attendance requirements for this position? \_\_\_\_\_

Will you work overtime if asked? \_\_\_\_\_

Do you have reliable means to report to work on time? \_\_\_\_\_

Are you able to perform the essential functions of the job for which you are applying with or without reasonable accommodation? \_\_\_\_\_

This position requires a lot of standing, moving around, lifting, carrying heavy objects, climbing, crouching, bending, stooping, etc. Do you have any conditions that would prevent your being able to do those things well or safely? \_\_\_\_\_ If yes, please explain on back of application.

You may occasionally be asked to operate company vehicles. Do you hold a valid drivers license? Do you hold a Commerical Drivers License? We require a DMV report annually and prior to employment. Would you be willing to provide this information?

\_\_\_\_\_  
\_\_\_\_\_

We have zero tolerance for drug abuse. All applicants are required to undergo a prehire drug screening as a condition of employment, and will also have random drug screenings. Would you have any objections to this screening? \_\_\_\_\_

Have you ever been convicted of a felony? \_\_\_\_\_

## EDUCATION

School	Name & Location of School	Course of Study	Years Attended	Graduate
Graduate	_____	_____	_____	_____
College	_____	_____	_____	_____
Business/Trade	_____	_____	_____	_____
High School	_____	_____	_____	_____
Elementary	_____	_____	_____	_____

## EMPLOYMENT HISTORY

Please give accurate, complete full time and part time employment record. Start with you present or most recent employer.

Company Name: _____	Telephone: _____
Address: _____	Employed From: _____ To: _____
Name of Supervisor: _____	Weekly Pay: _____
Job Title/Describe Duties: _____	
May we contact this employer? _____	
Company Name: _____	Telephone: _____
Address: _____	Employed From: _____ To: _____
Name of Supervisor: _____	Weekly Pay: _____
Job Title/Describe Duties: _____	
May we contact this employer? _____	

**REFERENCES**

<b>Name</b>	<b>Address</b>	<b>Association</b>	<b>Years Known</b>

AUTHORIZATION: I certify that the facts contained in this application are true and complete to the best of my knowledge and understand that, if employed; falsified statements on this application shall be grounds for dismissal. I authorize investigation of all statements contained herein and the references and employers listed above to give you any and all information concerning my previous employment and any pertinent information they may have, personal or otherwise, and release the company from all liability for any damage that may result from utilization of such information.

I understand also that if employed, I am required to abide by all rules and regulations of the employer and any special agreements reached between the employer and me. I understand also, that I may be terminated at the discretion of the employer. I also understand that if hired, I am on a temporary basis, during which time I may be terminated without notice. After 90 days, I will become a full time employee and eligible for agreed upon benefits.

I understand that neither this document, nor any offer of employment from this company constitutes an employment contract. I also understand and agree that no representative of the company has any authority to enter into any agreement for employment for any specified period of time, or to make agreement contrary to the foregoing, unless it is in writing and signed by an authorized company representative. I understand that this application shall be considered active for no more than 45 days. After that time, I must resubmit a completed application to be considered for employment.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_