



ASME Code Welding • Heat Treating • Manufacturing
Plant Construction

P. O. Box 905 • Borger, Texas 79008-0905
www.connerindustriestx.com

APPLICATION FOR EMPLOYMENT

APPLICANT INFORMATION

Name (Last)	(First)	(Middle Initial)	Home Telephone
Address (Mailing Address)	(City)	(State) (Zip)	Cell Phone
E-Mail Address	Are you legally entitled to work in the U.S.? <input type="checkbox"/> Yes <input type="checkbox"/> No		

EMERGENCY CONTACT INFORMATION

Contact Name (Last)	(First)	(Relationship to you)	Home Telephone
Address (Mailing Address)	(City)	(State) (Zip)	Cell Phone

JOB POSITION APPLIED FOR

Type of Job Applied For	Will Accept: <input type="checkbox"/> Part-Time <input type="checkbox"/> Full-Time <input type="checkbox"/> Temporary
Are you able to perform the essential functions of the job you are applying for, with or without reasonable accommodation? <input type="checkbox"/> Yes <input type="checkbox"/> No	
What reasonable accommodation, if any, would you require?	
Wage or Salary Desired	Date Available
Who referred you to our company or how did you find out about us?	
Have you been employed here before? <input type="checkbox"/> Yes <input type="checkbox"/> No	Are you at least 18 years old? <input type="checkbox"/> Yes <input type="checkbox"/> No
How will you get to work?	Driver's License Number: _____ State: _____
Have you ever been convicted of any crime, including traffic violations? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please explain: _____	
PLEASE NOTE: THE EXISTENCE OF A CRIMINAL RECORD DOES NOT CONSTITUTE AN AUTOMATIC BAR TO EMPLOYMENT UNLESS RELEVANT TO THE TYPE OF EMPLOYMENT.	

EDUCATION AND TRAINING

High School Graduate or General Education (GED) Test Passed? Yes No If no, list the highest grade completed _____

College, Business School, Technical School, Military (Most recent first)

Name and Location	Dates Attended Month/Year	Credits Earned		Graduate	Degree and Year	Major or Subject
		Semester Hours	Other (Specify)			
	From			<input type="checkbox"/> Yes		
	To			<input type="checkbox"/> No		
	From			<input type="checkbox"/> Yes		
	To			<input type="checkbox"/> No		
	From			<input type="checkbox"/> Yes		
	To			<input type="checkbox"/> No		
Occupational License, Certificate, or Registration	Number	Where Issued			Expiration Date	
Occupational License, Certificate, or Registration	Number	Where Issued			Expiration Date	
Occupational License, Certificate, or Registration	Number	Where Issued			Expiration Date	
Languages Read, Written, or Spoken Fluently Other Than English						

VETERAN INFORMATION (Most recent)

Branch of Service	Date of Entry	Date of Discharge
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WORK EXPERIENCE (Most Recent First) (Include voluntary work and military experience)

Employer	Telephone Number () -	From (Month/Year)
Address	Supervisor Name	
Job Title	Number of Employees Supervised	To (Month/Year)
Specific Duties		Hours Per Week
		Last Wage or Salary
Reason for Leaving	May We Contact This Employer? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Employer	Telephone Number () -	From (Month/Year)
Address	Supervisor Name	
Job Title	Number of Employees Supervised	To (Month/Year)
Specific Duties		Hours Per Week
		Last Wage or Salary
Reason for Leaving	May We Contact This Employer? <input type="checkbox"/> Yes <input type="checkbox"/> No	

WORK EXPERIENCE (Continued)

Employer	Telephone Number () -	From (Month/Year)
Address	Supervisor Name	
Job Title	Number of Employees Supervised	To (Month/Year)
Specific Duties		Hours Per Week
		Last Wage or Salary
Reason for Leaving		May We Contact This Employer? <input type="checkbox"/> Yes <input type="checkbox"/> No
Employer	Telephone Number () -	From (Month/Year)
Address	Supervisor Name	
Job Title	Number of Employees Supervised	To (Month/Year)
Specific Duties		Hours Per Week
		Last Wage or Salary
Reason for Leaving		May We Contact This Employer? <input type="checkbox"/> Yes <input type="checkbox"/> No

APPLICANT'S SKILLS

Check those skills that you have. List any other skills that may be useful for the job you are seeking. Enter the number of years of experience, and circle the number which corresponds to your ability for each particular skill. (One represents poor ability, while five represents exceptional ability.)

CHECK	SKILL	YEARS OF EXPERIENCE	ABILITY OR RATING
[]	SUPERVISOR		1 2 3 4 5
[]	WELDER - CERTIFIED		1 2 3 4 5
[]	WELDER - STRUCTURAL		1 2 3 4 5
[]	CRANE OPERATOR		1 2 3 4 5
[]	BACKHOE OPERATOR		1 2 3 4 5
[]	TRUCK DRIVER		1 2 3 4 5
[]	PIPE FITTER		1 2 3 4 5
[]	RIGGER - CERTIFIED		1 2 3 4 5
[]	CONCRETE/JOURNEYMAN		1 2 3 4 5
[]	HELPER		1 2 3 4 5
[]	OTHER:		1 2 3 4 5
[]	OTHER:		1 2 3 4 5

ADDITIONAL REFERENCES

Name (Last)	(First)	(Relationship)	Home Telephone
Address (Mailing Address)	(City)	(State) (Zip)	Cell Phone
E-Mail Address		Years Known	
Name (Last)	(First)	(Relationship)	Home Telephone
Address (Mailing Address)	(City)	(State) (Zip)	Cell Phone
E-Mail Address		Years Known	
Name (Last)	(First)	(Relationship)	Home Telephone
Address (Mailing Address)	(City)	(State) (Zip)	Cell Phone
E-Mail Address		Years Known	

Please provide any other information that you believe should be considered:

CERTIFICATION AND RELEASE

I understand that this application form is intended for use in evaluating my qualifications for employment and that this application is not an offer of employment. I further understand that if hired, my employment will be considered "at-will" and that my employment may be terminated for any reason, with or without cause or notice, at any time by me or the Company and that this application is not intended to constitute a contract of continued employment. If an employment relationship is created, I understand that unless I am offered a specific written contract of employment signed on behalf of the organization by its Company President, the employment relationship will be entirely voluntary in nature. In other words, with appropriate notice, I will have the full and complete discretion to end the employment relationship when I choose and for reasons of my choice.

I certify that the information submitted by me on this application is true and complete. I understand that any false information, misrepresentations or omissions on this application, on other written materials, or provided during any interviews will lead to the rejection of my application or, if I am employed, discipline up to and including termination at the time such false information or omission is discovered.

I understand that additional testing of job-related skills and for the presence of drugs may be required prior to employment. I also understand that after an offer of employment and prior to reporting to work, I may be required to submit to a medical review and depending on Company policy and the specific job description, I may be required to complete a medical history form and be examined by a medical professional designated by the Company. I also understand that I may not be under the influence of drugs or alcohol during employment and that if Company policy so requires, I may be required to submit to drug and/or alcohol testing at an approved testing facility at any time.

I authorize the Company and/or its agents, to investigate and verify any of the information provided by me. I authorize my former employers, educational institutions, references and any relevant agencies to provide information to the Company and/or its agents concerning my background and experience. I release the Company and all parties providing information to the Company about my background and experience from any liability whatsoever arising therefrom.

I HAVE CAREFULLY READ THE ABOVE CERTIFICATION AND I UNDERSTAND AND AGREE TO ITS TERMS.

Signature	Date
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This application will only be considered for 90 days. If you have not been hired within 90 days of filling out this application and you wish to be considered for future employment, then you must complete a new application.