

**Application for Employment****Email to: applications@hwmetals.com**

Equal Employment Opportunity Statement:

Employment decisions will be based on the principles of equal opportunity. All personnel actions (recruiting, hiring, training, promotion, compensation, etc.) are administered without regard to any characteristic protected by state, federal or local law, assuming said characteristic does not interfere with the performance of essential job functions. Reasonable accommodations will be made for disabilities and religious beliefs. Please inform us of any necessary accommodations to the application process.

Applicant Name: First	Middle	Last

Address	City	State	Zip

Telephone Number	Salary Desired

Position(s) Applied For	Date of Application

Have you ever been employed with us before? ☐ No ☐ Yes—Specify date and position:Are you currently employed? ☐ No ☐ Yes On what date would you be available for work?Are you available to work: ☐ Full-time ☐ Part-time ☐ All shifts ☐ TemporaryAre you 18 years of age or older? ☐ Yes ☐ No**EDUCATION**

Name of High School	Location

Years Completed	Diploma	G.P.A.

Diploma obtained? ☐ Yes ☐ No

Name of College/Trade School	Location

Years Completed	Degree/Major	G.P.A.

Diploma obtained? ☐ Yes ☐ No**MILITARY SERVICE**Have you ever served in the U.S. military? ☐ Yes ☐ No*NOTE: If you answered "no" to the above question, please skip the rest of this section.*

What was the length of your military service? _____ years, _____ months

What type of training and work experience did you receive while in the military?

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EMPLOYMENT HISTORY

1. Employer

Supervisor

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Address

Phone

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Position Title and Duties

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Starting Date

Ending Date

Starting Pay

Ending Pay

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Why did you leave this job?

May we contact this employer? ☐ Yes ☐ No ☐ Later

2. Employer

Supervisor

--	--

Address

Phone

--	--

Position Title and Duties

--

Starting Date

Ending Date

Starting Pay

Ending Pay

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Why did you leave this job?

May we contact this employer? ☐ Yes ☐ No ☐ Later

3. Employer

Supervisor

--	--

Address

Phone

--	--

Position Title and Duties

--

Starting Date

Ending Date

Starting Pay

Ending Pay

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Why did you leave this job?

May we contact this employer? ☐ Yes ☐ No ☐ Later

REFERENCES

Name

Phone Number

Years Known

APPLICANT'S STATEMENT

I certify that the information provided in this application is true, to the best of my knowledge.

I understand that providing false or misleading information at any time during the application and interview process may lead to refusal to hire or discharge from the Company. If I become employed by the Company, I agree to follow all rules and regulations of the Company as they develop and change.

I allow the Company to conduct investigations on me, my background and my performance, and am aware that such investigations will become a part of my employment record. With this, I authorize the Company to speak with my acquaintances, personal and professional, to gather information about me.

I authorize all former employers and references to provide any information about me to the Company, and release them of liabilities and damages of all kinds for providing this information. I authorize the Company to verify the accuracy of the information within this application. I also authorize the release of my educational transcripts to the Company for education verification purposes.

I release H. W. Metal Products, Inc. from liability for collecting information about me and using it to make employment decisions.

If I become employed by the Company, I understand that the employment relationship will be "at will," and that the "at will" status may not change at any time unless specifically approved, in writing, by the CEO of the Company.

I agree that if I become indebted to the Company, I will be responsible for repaying the total owed upon termination from the Company. If I do not repay the sum prior to my final paycheck being received, the money owed will be deducted from my pay.

This application for employment is valid for the next 90 days. I understand that if I wish to be considered for employment after this period of time, I must apply again.

Signature of Applicant

Date

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