

# SMITH IRONWORKS, INC.

215 Hollywood Boulevard NW  
Fort Walton Beach, Florida 32548  
Ph: (850) 243-4812 Fx: (850) 243-6324

## APPLICATION FOR

## EMPLOYMENT

AN EQUAL OPPORTUNITY EMPLOYER

### PERSONAL INFORMATION

NAME \_\_\_\_\_ DATE \_\_\_\_\_  
SSN# \_\_\_\_\_

LAST FIRST MIDDLE

PRESENT ADDRESS \_\_\_\_\_  
STREET CITY STATE ZIP

PERMANENT ADDRESS \_\_\_\_\_  
STREET CITY STATE ZIP

PHONE NUMBER \_\_\_\_\_ ARE YOU 18 YEARS OR OLDER? YES NO

ARE YOU A U.S. CITIZEN OR AUTHORIZED ALIEN WORKING IN THE UNITED STATES? YES NO

### EMPLOYMENT DESIRED

POSITION \_\_\_\_\_ DATE YOU CAN START \_\_\_\_\_ SALARY DESIRED \_\_\_\_\_

ARE YOU EMPLOYED NOW? YES NO IF SO, MAY WE INQUIRE OF YOUR PRESENT EMPLOYER? YES NO

EVER APPLIED TO THIS COMPANY BEFORE? WHERE? \_\_\_\_\_ WHEN? \_\_\_\_\_

REFERRED BY \_\_\_\_\_

EDUCATION	NAME AND LOCATION OF SCHOOL	YEARS ATTENDED	DID YOU GRADUATE	SUBJECTS STUDIED
GRAMMAR SCHOOL			YES NO	
HIGH SCHOOL			YES NO	
COLLEGE			YES NO	
TRADE, BUSINESS OR CORRESPONDENCE SCHOOL			YES NO	

### GENERAL SUBJECTS OF SPECIAL STUDY OR RESEARCH WORK

SPECIAL SKILLS \_\_\_\_\_

ACTIVITIES: \_\_\_\_\_

Include Civic, athletic, etc. Exclude organizations, the name of which indicates the race, creed, sex, age, marital status, color or nation of origin of its members.

U.S. MILITARY NAVAL SERVICE \_\_\_\_\_ BANK \_\_\_\_\_

PRESENT MEMBERSHIP IN NATIONAL OR GUARD OR RESERVES \_\_\_\_\_

\*The Age Discrimination in Employment Act of 1987 prohibits discrimination on the basis of age with respect to individuals who are at least 40 years of age.

(CONTINUED ON OTHER SIDE)

LAST:

FIRST:

MIDDLE:

**FORMER EMPLOYERS** (LIST BELOW LAST THREE EMPLOYERS STARTING WITH LAST ONE FIRST)

DATE MONTH AND YEAR		NAME AND ADDRESS OF EMPLOYER	SALARY	POSITION	REASON FOR LEAVING
FROM	TO				
FROM	TO				
FROM	TO				

WHICH OF THESE JOBS DID YOU LIKE BEST? \_\_\_\_\_  
WHAT DID YOU LIKE MOST ABOUT THIS JOB? \_\_\_\_\_

**REFERENCES** GIVE THE NAMES OF THREE PERSONS NOT RELATED TO YOU, WHOM YOU HAVE KNOWN AT LEAST ONE YEAR.

NAME	ADDRESS	BUSINESS	YEARS KNOWN

**THE FOLLOWING STATEMENT APPLIES IN MARYLAND & MASSACHUSETTS.** (Fill in name of State)

IT IS UNLAWFUL IN THE STATE OF \_\_\_\_\_ TO REQUIRE OR ADMINISTER A LIE DETECTOR TEST AS A CONDITION OF EMPLOYMENT OR CONTINUED EMPLOYMENT. AN EMPLOYER WHO VIOLATES THIS LAW SHALL BE SUBJECT TO CRIMINAL PENALTIES AND CIVIL LIABILITY.

Signature of Applicant \_\_\_\_\_  
**IN CASE OF  
EMERGENCY NOTIFY:** \_\_\_\_\_

NAME	ADDRESS	PHONE
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I CERTIFY THAT THE FACTS CONTAINED IN THIS APPLICATION ARE TRUE AND COMPLETE TO THE BEST OF MY KNOWLEDGE AND I 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 LISTED ABOVE TO GIVE YOU ANY AND ALL INFORMATION CONCERNING MY PREVIOUS EMPLOYMENT, AND ANY PERTINENT INFORAMTION THEY MAY HAVE, AND RELEASE ALL PARTIES FROM ALL LIABILITY FOR ANY DAMAGE THAT MAY RESULT FROM FURNISHING SAME TO YOU. I UNDERSTAND AND AGREE THAT, IF HIRED, MY EMPLOYMENT IS FOR NO DEFINITE PERIOD AND MAY, REGARDLESS OF THE DATE OF PAYMENT OF MY WAYGES AND SALARY, BE TERMINATED AT ANY TIME WITHOUT PRIOR NOTICE AND WITHOUT CAUSE.

DATE \_\_\_\_\_ SIGNATURE \_\_\_\_\_

**DO NOT WRITE BELOW THIS LINE**

INTERVIEWED BY: \_\_\_\_\_ DATE: \_\_\_\_\_  
REMARKS: \_\_\_\_\_  
NEATNESS: \_\_\_\_\_  
HIRED: YES NO POSITION \_\_\_\_\_ DEPARTMENT \_\_\_\_\_  
SALARY/WAGE \_\_\_\_\_ DATE REPORTING TO WORK \_\_\_\_\_  
APPROVED: 1 \_\_\_\_\_ 2 \_\_\_\_\_ 3 \_\_\_\_\_  
EMPLOYMENT MANAGER DEPARTMENT HEAD GENERAL MANAGER