

# EMPLOYMENT APPLICATION

## INDIANA BRIDGE, INC.

An Equal Opportunity Employer  
INDIANA'S ONLY CERTIFIED MBE FABRICATOR

*This application will not be considered unless fully completed*

### PERSONAL DATA

|  |        |           |  |
|--|--------|-----------|--|
| Last Name  | First  | Middle    | Social Security No.  |
| Current Street Address:  |        |           | Phone No.:   |
| City:  | State: | Zip Code: | Cell Phone No.:  |
| Have you ever filed an application with this company? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, when?   |        |           | Salary Desired   |
| Have you ever been employed by this facility? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, when?   |        |           | Applying for: <input type="checkbox"/> Full-time <input type="checkbox"/> Part-time  |
| Supervisor(s) Names:   |        |           | Date available for work:   |
| Relatives or friends employed in this facility? <input type="checkbox"/> Yes <input type="checkbox"/> No<br>Relationship: Department:  |        |           | Would you consider working:<br><br>Any shift <input type="checkbox"/> Yes <input type="checkbox"/> No<br>Weekends & Holidays <input type="checkbox"/> Yes <input type="checkbox"/> No<br>Rotating Shift <input type="checkbox"/> Yes <input type="checkbox"/> No<br>On Call <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Are you 18 years of age or older? <input type="checkbox"/> Yes <input type="checkbox"/> No   |        |           | <b>Where did you learn of Indiana Bridge?</b>  |
| Are you legally authorized to work in the United States? <input type="checkbox"/> Yes <input type="checkbox"/> No  |        |           |  |
| List any and all other names by which you have been known:   |        |           | Shift Preference: <input type="checkbox"/> 1st <input type="checkbox"/> 2nd <input type="checkbox"/> 3rd   |
| What method of transportation will you use to come to work?  |        |           |  |
| Have you been convicted of a felony in the past 7 years that has not been expunged by a court of law? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please explain: |        |           |  |

### EMPLOYMENT DESIRED

|  |
|--|
| Position(s) applied for:   |
| Kind of work sought:   |
| Please detail any previous <b>welding</b> experience:  |
| Do you have any special training skills, qualifications or other experiences that relate to the position(s) applied for? |

### EDUCATIONAL SKILLS

|   | Name & Address of School | Course of Study | Year Completed | Graduate   | Diploma/Degree Earned |
|---|--------------------------|-----------------|----------------|--|-----------------------|
| High  |                          |                 | 1 2 3 4        | <input type="checkbox"/> Yes <input type="checkbox"/> No |                       |
| College   |                          |                 | 1 2 3 4        | <input type="checkbox"/> Yes <input type="checkbox"/> No |                       |
| College   |                          |                 | 1 2 3 4        | <input type="checkbox"/> Yes <input type="checkbox"/> No |                       |
| Other college, vocational or other special courses (including military training, post graduate) |                          |                 |                |  |                       |

### MILITARY SERVICE

|   |                      |
|---|----------------------|
| Have you served in the U.S. Armed Services or in a state National Guard? <input type="checkbox"/> Yes <input type="checkbox"/> No | If yes, what branch: |
|---|----------------------|

|  |                     |                          |               |
|--|---------------------|--------------------------|---------------|
| Rank at Discharge:   |                     | Date of Discharge:       |               |
| Describe duties and skills acquired through military service (include dates):  |                     |                          |               |
| <b>EMPLOYMENT HISTORY</b> List your job history for the past FIVE YEARS, starting with your present or most recent employer noting ANY periods in which you were not employed. Explain ALL period of unemployment. |                     |                          |               |
| Company  |                     | Phone ( )                |               |
| Address  |                     | Supervisor               |               |
| Job Title  | Starting Salary: \$ | Ending Salary: \$        |               |
| Responsibilities:  |                     |                          |               |
| From:  | To:                 | Reason for Leaving:      |               |
| May we contact your previous supervisor for a reference? <input type="checkbox"/> Yes <input type="checkbox"/> No  |                     |                          |               |
|  |                     |                          |               |
| Company  |                     | Phone ( )                |               |
| Address  |                     | Supervisor               |               |
| Job Title  | Starting Salary: \$ | Ending Salary: \$        |               |
| Responsibilities:  |                     |                          |               |
| From:  | To:                 | Reason for Leaving:      |               |
| May we contact your previous supervisor for a reference? <input type="checkbox"/> Yes <input type="checkbox"/> No  |                     |                          |               |
|  |                     |                          |               |
| Company  |                     | Phone ( )                |               |
| Address  |                     | Supervisor               |               |
| Job Title  | Starting Salary: \$ | Ending Salary: \$        |               |
| Responsibilities:  |                     |                          |               |
| From:  | To:                 | Reason for Leaving:      |               |
| May we contact your previous supervisor for a reference? <input type="checkbox"/> Yes <input type="checkbox"/> No  |                     |                          |               |
|  |                     |                          |               |
| Company  |                     | Phone ( )                |               |
| Address  |                     | Supervisor               |               |
| Job Title  | Starting Salary: \$ | Ending Salary: \$        |               |
| Responsibilities:  |                     |                          |               |
| From:  | To:                 | Reason for Leaving:      |               |
| May we contact your previous supervisor for a reference? <input type="checkbox"/> Yes <input type="checkbox"/> No  |                     |                          |               |
|  |                     |                          |               |
| Please explain in gaps in employment:  |                     |                          |               |
| <b>REFERENCES</b> List at least 3 who are NOT relatives or employees or former employers   |                     |                          |               |
| Name and Relationship  | Title               | Company Name and Address | Telephone No. |
|  |                     |                          |               |
|  |                     |                          |               |
|  |                     |                          |               |
| <b>ADDITIONAL INFORMATION</b>  |                     |                          |               |
| Do you have a valid driver's license? <input type="checkbox"/> Yes <input type="checkbox"/> No   |                     | License No.:             | State:        |

Please include any additional information you think would be applicable, e.g., internships, membership in professional organizations, and additional relevant employment. **EXCLUDE** any information that would denote race, sex age, marital status, national origin, physical or mental disability, religious or political affiliations.

State any additional information that you feel may be helpful to us in considering your application:

**IN THE EVENT OF AN ACCIDENT OR AN EMERGENCY:**

|                    |          |                   |
|--------------------|----------|-------------------|
| Name/Relationship: | Address: | Telephone Number: |
|--------------------|----------|-------------------|

**PLEASE READ CAREFULLY BEFORE SIGNING**

- I certify that the information contained in this application (and accompanying resume, if any) is true and correct to the best of my knowledge. I understand that any falsification, misrepresentation or omission on this application is grounds for refusal to hire, or if hired, dismissal, even if discovered at a later date. I authorize any of the persons, schools, employers or organizations referenced in this application to give the Company any and all information concerning my previous employment, education, or any other information they might have, personal or otherwise, with regard to any of the subjects covered in this application (and accompanying resume, if any) and release all such parties and the Company from all liability for any damage that may result from furnishing such information. I authorize the Company to request and receive such information.
- If employed, I understand that I will be an employee "at-will" and either the Company or I may terminate my employment relationship at any time with or without notice and for any reason not in violation of the law.
- I agree to comply with all rules, regulations, policies and procedures of the Company and acknowledge that these rules, regulations, policies and procedures may be changed, interpreted, withdrawn or supplemented any time and without prior notice to me.
- I acknowledge that any offer of employment or my acceptance of an employment offer if such is to occur may be withdrawn with or without cause, and with or without prior notice at any time at the option of the Company or me. I understand that this application and any other documents that I may receive are not contracts of employment. I further understand that no representative of the Company has any authority to enter into any agreement for employment for any specified period of time or to assure any other personnel action, either prior to commencement of employment or after I have become employed or to assure any benefits or terms and conditions of employment or make any agreement contrary to the foregoing, except for a written agreement signed by an officer of the Company or other authorized administrative representative.
- **I understand that any offer of employment is contingent upon my passing a drug screen, a criminal background check and a physical examination.**
- **This application is good only for sixty (60) days from today's date.** If I still desire a position with the Company after this application expires, it will be my duty to fill out a new application and file it with the Company. Otherwise, the Company will not consider me for employment after this application expires.

\_\_\_\_\_ (Date)

\_\_\_\_\_ (Signature)

**FOR OFFICE USE ONLY DO NOT WRITE BELOW THIS LINE**

Hired?  Yes  No

Personal References Check by:  
 Ref. #1 - Date: \_\_\_\_\_ Ref. #2 - Date: \_\_\_\_\_ Ref. #3 - Date: \_\_\_\_\_ Other: \_\_\_\_\_

Employment References Check by:  
 Ref. #1 - Date: \_\_\_\_\_ Ref. #2 - Date: \_\_\_\_\_ Ref. #3 - Date: \_\_\_\_\_ Ref. #4 - Date: \_\_\_\_\_

Personal Notes (open to inspection - keep information factual)

|  |  |   |
|--|--|---|
| If applicant is less than 18 years of age, is work permit on file?<br><input type="checkbox"/> Yes <input type="checkbox"/> No |  | Interviewer's Signature:  |
| Starting Date  | <input type="checkbox"/> Exempt<br><input type="checkbox"/> Non-Exempt                                 | Completion of Probation <input type="checkbox"/> Yes <input type="checkbox"/> No<br>Approved By:<br>Date: |
| Department   | Cost Center  |   |
| Position/Job Location  | <input type="checkbox"/> Full Time <input type="checkbox"/> Part Time <input type="checkbox"/> On Call |   |
| Starting Salary/Grade  | Differential   | Shift Employee No.  |