



**FORMER EMPLOYERS:** (List below four employers, beginning with most recent)

| DATE<br>(MONTH & YEAR) | NAME, ADDRESS, PHONE NO.<br>OF EMPLOYER | SALARY | POSITION | REASON FOR<br>LEAVING |
|------------------------|---|--------|----------|-----------------------|
| FROM                   |   |        |          |                       |
| TO                     |   |        |          |                       |
| FROM                   |   |        |          |                       |
| TO                     |   |        |          |                       |
| FROM                   |   |        |          |                       |
| TO                     |   |        |          |                       |
| FROM                   |   |        |          |                       |
| TO                     |   |        |          |                       |

**REFERENCES:** (Give the names of three persons not related to you, whom you have known at least one year)

| NAME | PHONE NUMBER / ADDRESS | BUSINESS | YEARS<br>AQUAINTED |
|------|------------------------|----------|--------------------|
|      |                        |          |                    |
|      |                        |          |                    |
|      |                        |          |                    |

**IN CASE OF**

**EMERGENCY NOTIFY:** \_\_\_\_\_

NAME

RELATIONSHIP

ADDRESS

PHONE NUMBER

I understand that Deluxe Welding, Inc. has a commitment to maintain an alcohol/drug-free workplace and that Deluxe Welding, Inc. may require a drug screening test as a part of its selection & hiring process. I further understand and agree to submit to alcohol/drug testing under certain circumstances during my employment. I have read, understand and agree to the statement above.

Initial Here \_\_\_\_\_

**I AUTHORIZE INVESTIGATION OF ALL STATEMENTS CONTAINED IN THIS APPLICATION. I UNDERSTAND THAT MISREPRESENTATION OR OMISSION OF FACTS CALLED FOR IS CAUSE FOR DISMISSAL. FURTHER, I UNDERSTAND AND AGREE THAT MY EMPLOYMENT IS FOR NO DEFINITE PERIOD AND MAY, REGARDLESS OF THE DATE OF PAYMENT OF MY WAGES AND SALARY, BE TERMINATED AT ANY TIME WITHOUT ANY PREVIOUS NOTICE.**

SIGNATURE

DATE