

BOB MURPHY INC.
APPLICATION FOR EMPLOYMENT
FABRICATING SHOP

DATE _____

PERSONAL INFORMATION

NAME _____ SOCIAL SECURITY # _____

STREET _____ CITY _____ STATE _____ ZIP _____

PHONE _____

REFERRED BY _____

HAVE YOU APPLIED AT THIS COMPANY OR BARNEY & DICKENSON INC. BEFORE? _____

EMPLOYMENT STATUS

ARE YOU EMPLOYED NOW? YES NO

MAY WE CONTACT YOUR PRESENT EMPLOYER FOR A REFERENCE? YES NO

AVAILABLE STARTING DATE _____ SALARY DESIRED? _____

EDUCATION	NAME & LOCATION OF SCHOOL	GRADUATED?	SUBJECTS STUDIED
GRAMMAR	_____	YES NO	_____

HIGH SCHOOL	_____	YES NO	_____

COLLEGE OR TRADE SCHOOL	_____	YES NO	_____

PHYSICAL RECORD

ARE YOU ABLE TO PERFORM THE JOB FUNCTIONS WITH OR WITHOUT REASONABLE ACCOMODATION? YES NO

APPLICANTS ARE REQUIRED TO UNDERGO DRUG TESTING.

FORMER EMPLOYERS (STARTING WITH THE LAST EMPLOYER FIRST)

1. NAME _____ PHONE _____ WAGE _____
ADDRESS _____ DATES WORKED _____ TO _____
POSITION _____ REASON FOR LEAVING? _____

2. NAME _____ PHONE _____ WAGE _____
ADDRESS _____ DATES WORKED _____ TO _____
POSITION _____ REASON FOR LEAVING? _____

3. NAME _____ PHONE _____ WAGE _____
ADDRESS _____ DATES WORKED _____ TO _____
POSITION _____ REASON FOR LEAVING? _____

WORK EXPERIENCE

BRAKES YES NO CNC EQUIPMENT YES NO
SHEARS YES NO ROLLERS YES NO
PUNCHING YES NO FORKLIFTS YES NO

WELDING YES NO TYPE _____
LIST ANY CERTIFICATIONS _____

MACHINING YES NO TYPES _____

DRIVER'S LICENSE

STATE _____ LICENSE# _____ CLASS _____

LIST ANY ACCIDENTS OR TRAFFIC CONVICTIONS (OTHER THAN PARKING VIOLATIONS)

IT IS AGREED AND UNDERSTOOD THAT THE EMPLOYER OR HIS AGENTS MAY INVESTIGATE THE APPLICANT'S BACKGROUND TO ASCERTAIN ANY AND ALL INFORMATION OF CONCERN TO APPLICANT'S RECORD, WHETHER SAME IS OF RECORD OR NOT, AND APPLICANT RELEASES EMPLOYERS AND PERSONS NAMED HEREIN FROM ALL LIABILITY FOR ANY DAMAGE ON ACCOUNT OF HIS FURNISHING SUCH INFORMATION. I UNDERSTAND THAT MISREPRESENTATION OR OMISSION OF FACTS CALLED FOR IS CAUSE FOR DISMISSAL.

I AGREE TO FURNISH SUCH ADDITIONAL INFORMATION AND COMPLETE SUCH EXAMINATIONS AS MAY BE REQUIRED TO COMPLETE MY EMPLOYMENT FILE.

I UNDERSTAND THAT THIS APPLICATION IS NOT AN EMPLOYMENT CONTRACT AND THAT, IF HIRED, MY EMPLOYMENT AND COMPENSATION CAN BE TERMINATED, WITH OR WITHOUT CAUSE, AT ANY TIME A THE OPTION OF EITHER THE COMPANY OR MYSELF. THIS CERTIFIES THAT THIS APPLICATION WAS COMPLETED BY ME, AND THAT ALL ENTRIES ON IT AND INFORMATION IN IT ARE TRUE AND COMPLETE TO THE BEST OF MY KNOWLEDGE.

DATE _____ SIGNATURE _____

This application is active 30 days from date of submission.