

# CLEMENS MOBILE WELDING

25239 Commerce Dr.  
Defiance, Ohio 43512



## Employment Application

APPLICANT INFORMATION											
Last Name			First			M.I.		Date			
Street Address						Apartment/Unit #					
City			State			ZIP					
Phone			E-mail Address								
Date Available			Social Security No.			Desired Salary					
Position Applied for											
Are you a citizen of the United States?			YES <input type="checkbox"/>	NO <input type="checkbox"/>	If no, are you authorized to work in the U.S.?			YES <input type="checkbox"/>	NO <input type="checkbox"/>		
Have you ever worked for this company?			YES <input type="checkbox"/>	NO <input type="checkbox"/>	If so, when?						
Have you ever been convicted of a felony?			YES <input type="checkbox"/>	NO <input type="checkbox"/>	If yes, explain						
EDUCATION											
High School			Address								
From		To		Did you graduate?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	Degree				
College			Address								
From		To		Did you graduate?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	Degree				
Other			Address								
From		To		Did you graduate?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	Degree				
REFERENCES											
<i>Please list three professional references.</i>											
Full Name			Relationship								
Company			Phone								
Address											
Full Name			Relationship								
Company			Phone								
Address											
Full Name			Relationship								
Company			Phone								
Address											

**PREVIOUS EMPLOYMENT**

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? YES <input type="checkbox"/> NO <input type="checkbox"/>			
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? YES <input type="checkbox"/> NO <input type="checkbox"/>			
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? YES <input type="checkbox"/> NO <input type="checkbox"/>			

**TRAFFIC CONVICTIONS (LAST 3 YEARS)**

LOCATION	DATE	CHARGE	PENALTY

**WELDING/FABRICATING EXPERIANCE**

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**WELDING CERTIFICATES**

**MISC LICENCES**

WELDING CERTIFICATES	MISC LICENCES

Have you ever tested positive for, or refused to be tested on any PRE-EMPLOYMENT drug or alcohol test administered by an employer

Yes [ ] No [ ] \_\_\_\_\_ If Yes, please give Name, Address, & Phone number on reverse side of this page.  
(Applicant Initials)

**DISCLAIMER AND SIGNATURE**

I certify that my answers are true and complete to the best of my knowledge.  
If this application leads to employment, I understand that false or misleading information in my application or interview may result in my release.

Signature

Date

# REQUEST FOR CHECK OF DRIVING RECORD

I hereby authorize you to release the following information to **CLEMENS MOBILE WELDING**

For purposes of investigation as required by Sections 391.23 and 391.25 of the Federal Motor Carrier Safety Regulations. You are released from any and all liability which may result from furnishing such information

Signature	Date
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In accordance with the provision of Sections 604 & 607 of the fair Credit Reporting Act, Public Law 91-508, as amended by the Consumer Credit Reporting Act of 1996 (Title II, Subtitle D, Chapter 1 of Public Law 104-208), I hereby certify the following:

1. The consumer (applicant) has authorized in writing the procurement of this report;
2. The consumer (applicant) has been informed in a separate written disclosure that a consumer report may be obtained for employment purposes;
3. The information requested below will be used for a "permissible purpose" (i.e. information for employment purposes) and will be used for no other purpose;
4. The information being obtained will not be used in violation of any federal or state equal opportunity law or regulation; and
5. Before taking an adverse action based in whole or in part of the report the consumer (applicant) will receive a copy of the requested report and the summary of consumer rights as provided with the report by the consumer reporting agency.

I also hereby certify that this report request and the above applicant's release notice meet the definition of "permissible uses" of state motor vehicle records under the provisions of the Driver's Privacy Protection Act of 1994 (Public Law 103-322, Title XXX, Sections 300002(a)).

Signature of Requester	Date
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Street Address	Apartment/Unit #	
City	State	ZIP

DEAR SIR/MADAM:

The following named person has made application with our company for the position of \_\_\_\_\_, In accordance with Section 391.23 Federal Department of Transportation Regulations, please furnish the undersigned with the applicants driving record for the past three years.

The following named person is employed with our company in the position of \_\_\_\_\_, In accordance with section 391.25, Federal Department of Transportation Regulations, please furnish the undersigned with the employee's driving record for the past year.

NAME OF APPLICANT/DRIVER: \_\_\_\_\_

EMPLOYMENT DATES FROM (m/y) \_\_\_\_\_ TO (m/y) \_\_\_\_\_

ADDRESS: \_\_\_\_\_

FORMER ADDRESS: \_\_\_\_\_

DATE OF BIRTH: \_\_\_\_\_ SSN: \_\_\_\_\_ LICENSE NO. \_\_\_\_\_

## REQUESTED BY

**CLEMENS MOBILE WELDING**

(Name Of Company)

**25239 COMMERCE DR**

(Address)

**DEFIANCE**

(City)

**OH**

(State)

**43512**

(Zipcode)

**SHERRI HAMMERSMITH**

(Typed Name)

**OFFICE MANAGER**

(Title)

(Signature)