



# WOODLAND WELDING WORKS

P. O. Box 1194 • 1955 E. Main St. • Woodland, CA 95776 • Phone: (530) 666-5531 • FAX: (530) 666-5533

## APPLICATION FOR EMPLOYMENT

### NOTE TO ALL APPLICANTS:

WE CONSIDER APPLICANT FOR ALL POSITIONS WITHOUT REGARD TO RACE, COLOR, RELIGIONS, SEX, NATIONAL ORIGIN, AGE, MARITAL OR VETERAN STATUS, THE PRESENCE OF A NON-JOB RELATED MEDICAL CONDITION OR HANDICAP, OR ANY OTHER LEGALLY PROTECTED STATUS.

1. PLEASE FILL OUT THE APPLICATION DETAIL INCLUDING PHONE NUMBERS OF PAST EMPLOYERS AND REFERENCES, SUBMITTING A RESUME AS EXTRA IS ACCEPTABLE, HOWEVER, THE APPLICATION MUST STILL BE COMPLETED.
2. IF APPLICABLE, SUBMIT COPIES OF YOU'RE WELDER CERTIFICATION PAPERS.
3. DMV PRINTOUT MAY BE REQUIRED.
4. THERE WILL BE ABSOLUTELY NO INTERVIEW UNTIL YOUR APPLICATION HAS BEEN REVIEWED. QUALIFIED APPLICANTS WILL BE NOTIFIED AT THAT TIME.
5. ALL APPLICATIONS MUST BE COMPLETED ON THE PREMISES.

PROOF OF CITIZENSHIP OR IMMIGRATION STATUS WILL BE REQUIRED UPON EMPLOYMENT. BE PREPARED TO SHOW VERIFICATION.

THANK YOU FOR YOUR TIME AND INTEREST IN WOODLAND WELDING WORKS

Applicant:	Date:
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## APPLICATION FORM

POSITION( s ) APPLIED FOR		DATE OF APPLICATION
HOW DID YOU LEARN ABOUT US?  <div style="display: flex; justify-content: space-around;"> <span>• EMPLOYMENT AGENCY</span> <span>• FRIEND</span> <span>• WALK-IN</span> </div> <div style="display: flex; justify-content: space-around;"> <span>• ADVERTISEMENT</span> <span>• RELATIVE</span> <span>• OTHER _____</span> </div>		
LAST NAME	FIRST NAME	MIDDLE NAME
ADDRESS		STREET
CITY	STATE	ZIP
TELEPHONE NUMBER(S)	E-MAIL ADDRESS	CELL PHONE

### WHO TO NOTIFY IN CASE OF AN EMERGENCY

NAME: \_\_\_\_\_ RELATION: \_\_\_\_\_

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

IF YOU ARE UNDER 18 YEARS OF AGE , CAN YOU PROVIDE PROOF OF YOUR ELIGIBILITY TO WORK?

• YES      • NO

HAVE YOU EVER FILLED OUT AN APPLICATION WITH US BEFORE?

• YES      • NO

IF YES, GIVE DATE: \_\_\_\_\_

HAVE YOU EVER BEEN EMPLOYED WITH US BEFORE?

• YES      • NO

IF YES, GIVE DATE: \_\_\_\_\_

ARE YOU CURRENTLY EMPLOYED?

• YES      • NO

MAY WE CONTACT YOUR PRESENT EMPLOYER?

• YES      • NO



ON WHAT DATE WOULD YOU BE AVAILABLE TO WORK?

GIVE DATE: \_\_\_\_\_

ARE YOU AVAILABLE TO WORK?

- FULL-TIME       PART-TIME       SHIFT WORK       TEMPORARY

ARE YOU CURRENTLY ON "LAY OFF" STATUS AND SUBJECT TO RECALL?

- YES       NO

CAN YOU TRAVEL IF A JOB REQUIRES IT?

- YES       NO

HAVE YOU EVER HAD ANY JOB RELATED TRAINING IN THE UNITED STATES MILITARY?

- YES       NO

IF YES, PLEASE EXPLAIN: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

ARE YOU PHYSICALLY OR OTHERWISE UNABLE TO PERFORM THE DUTIES OF THE JOB WHICH YOU ARE APPLYING?

- YES       NO



# EDUCATION

	ELEMENTARY SCHOOL					HIGH SCHOOL				UNDERGRADUATE COLLEGE/UNIVERSITY				GRADUATE / PROFESSIONAL			
SCHOOL NAME AND LOCATION																	
YEARS COMPLETED	4	5	6	7	8	9	10	11	12	1	2	3	4	1	2	3	4
DIPLOMA / DEGREE																	
DESCRIBE COURSE OF STUDY																	
DESCRIBE ANY SPECIALIZED TRAINING, APPRENTICESHIP, SKILLS, EXTRA CURRICULAR ACTIVITIES																	
DESCRIBE ANY HONOR YOU HAVE RECEIVED																	
STATE ANY ADDITIONAL INFORMATION YOU FEEL MAY BE HELPFUL TO US IN CONSIDERING YOUR APPLICATION																	

INDICATE ANY FOREIGN LANGUAGES YOU CAN SPEAK, READ, AND / OR WRITE			
	FLUENT	GOOD	FAIR
SPEAK			
READ			
WRITE			

LIST PROFESSIONAL, TRADE, BUSINESS OR CIVIC ACTIVITIES AND OFFICES HELD. YOU MAY INCLUDE MEMBERSHIPS WHICH WOULD REVEAL SEX, RACE, RELIGION, NATIONAL ORIGIN, AGE, ANCESTRY, HANDICAP, OR OTHER PROTECTED STATUS

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# REFERENCES

GIVE NAME, ADDRESS AND TELEPHONE NUMBER OF THREE REFERENCES WHO ARE NOT RELATED TO YOU AND ARE NOT PREVIOUS EMPLOYERS.

1. \_\_\_\_\_

2. \_\_\_\_\_

3. \_\_\_\_\_

# EMPLOYMENT EXPERIENCE

STARTING WITH YOU'RE PRESENT OR LAST JOB, INCLUDE ANY JOB RELATED TO MILITARY SERVICE ASSIGNMENT AND VOLUNTEER ACTIVITIES. YOU MAY EXCLUDE ORGANIZATIONS WHICH INDICATE RACE, COLOR, RELIGION, GENDER, NATIONAL ORIGIN, HANDICAP OR OTHER PROTECTED STATUS

EMPLOYER	DATES EMPLOYED	FROM:
		TO:
ADDRESS	WORK PERFORMED _____	
TELEPHONE NUMBER(S)	_____	
JOB TITLE	SUPERVISOR	_____
REASON FOR LEAVING	_____	
EMPLOYER	DATES EMPLOYED	FROM:
		TO:
ADDRESS	WORK PERFORMED _____	
TELEPHONE NUMBER(S)	_____	
JOB TITLE	SUPERVISOR	_____
REASON FOR LEAVING	_____	
EMPLOYER	DATES EMPLOYED	FROM:
		TO:
ADDRESS	WORK PERFORMED _____	
TELEPHONE NUMBER(S)	_____	
JOB TITLE	SUPERVISOR	_____
REASON FOR LEAVING	_____	



EMPLOYER		DATES EMPLOYED	FROM:
			TO:
ADDRESS		WORK PERFORMED _____	
TELEPHONE NUMBER(S)		_____	
JOB TITLE	SUPERVISOR	_____	
REASON FOR LEAVING		_____	
EMPLOYER		DATES EMPLOYED	FROM:
			TO:
ADDRESS		WORK PERFORMED _____	
TELEPHONE NUMBER(S)		_____	
JOB TITLE	SUPERVISOR	_____	
REASON FOR LEAVING		_____	

IF YOU NEED ADDITIONAL SPACE, PLEASE CONTINUE ON SEPARATE SHEET OF PAPER

### SPECIAL SKILL AND QUALIFICATION

SUMMARIZE SPECIAL JOB-RELATED SKILLS AND QUALIFICATIONS ACQUIRED FROM EMPLOYMENT OR OTHER EXPERIENCES.

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## HIRING AND EMPLOYMENT POLICIES OF WOODLAND WELDING WORKS

THANK YOU FOR CONSIDERING WOODLAND WELDING WORKS AS A POTENTIAL EMPLOYER. HERE WE HAVE PROVIDED A CHECKLIST OF IMPORTANT COMPONENTS OF THE HIRING PROCESS. PLEASE REVIEW THESE POLICIES AND CHECK THE BOX AT THE LEFT TO NOTE THAT YOU HAVE READ AND UNDERSTAND THEM.

- WOODLAND WELDING WORKS IS AN EQUAL OPPORTUNITY EMPLOYER WHICH SELECTS THE INDIVIDUAL WHO IS THE BEST MATCH FOR A POSITION BASED ON JOB-RELATED QUALIFICATIONS, WITHOUT REGARD TO RACE, COLOR, CREED, SEX, NATIONAL ORIGIN, RELIGION, SEXUAL PREFERENCE, AGE, DISABILITY, OR OTHER PROTECTED GROUP STATUS.
  
- IF YOU ARE THE SUCCESSFUL APPLICANT FOR THIS POSITION OR FOR ANY OTHER POSITION, WOODLAND WELDING WORKS WILL CONTACT YOU BY TELEPHONE, LETTER, OR EMAIL TO EXTEND AN OFFER OF EMPLOYMENT TO YOU. THE OFFER LETTER WILL PROVIDE AN OVERVIEW OF TERMS AND CONDITIONS OF EMPLOYMENT.
  
- LIKE SUBSTANTIALLY ALL AMERICAN EMPLOYERS, WOODLAND WELDING WORKS EMPLOYS ITS PERSONNEL "AT WILL". THIS MEANS THAT YOU ARE FREE TO LEAVE YOUR EMPLOYMENT WITH WOODLAND WELDING WORKS AT ANY TIME AND WOODLAND WELDING WORKS IS FREE TO TERMINATE YOUR EMPLOYMENT AT ANY TIME. THE PERIOD UPON WHICH COMPENSATION IS BASED, E.G., HOURLY, MONTHLY, ANNUALLY, DOES NOT MODIFY AN EMPLOYEE'S "AT WILL" STATUS.
  
- WOODLAND WELDING WORKS EMBRACES A ZERO TOLERANCE POLICY ON HARASSMENT . THIS MEANS THAT ANY HARASSMENT OF FELLOW EMPLOYEES, CUSTOMERS, VENDORS, OR ANYONE ASSOCIATED IN ANY WAY WITH WOODLAND WELDING WORKS IS STRICTLY PROHIBITED. ALL COMPLAINTS OF HARASSMENT WILL BE PROMPTLY, FULLY AND FAIRLY INVESTIGATED. PERSONS FOUND GUILTY OF HARASSMENT OF ANY KIND INCLUDING, WITHOUT LIMITATION, HARASSMENT BASED UPON GENDER, RACE, OR SEXUAL ORIENTATION, ARE SUBJECTED TO DISCIPLINE UP TO AND INCLUDING DISCHARGE.
  
- ANY MODIFICATION OF THE STANDARD POLICIES OF WOODLAND WELDING WORKS MUST BE APPROVED IN WRITING BY FELIX FRANCO. PRESIDENT OF WOODLAND WELDING WORKS. ANY MODIFICATIONS RELATED TO YOUR EMPLOYMENT SHOULD BE IN WRITING SIGNED BY YOU AND [ THE DESIGNATED OFFICER, E.G., PRESIDENT}.



- ANY INTENTIONAL FALSIFICATION, MISREPRESENTATION, OR DISTORTION MADE IN ANY COMPANY DOCUMENT, INCLUDING EMPLOYMENT APPLICATIONS, IS GROUNDS FOR IMMEDIATE DISCHARGE.
- WOODLAND WELDING WORKS MAINTAINS DEMOGRAPHIC DATA REGARDING ITS JOB APPLICATION IN ORDER TO COMPLY WITH APPLICABLE LAW AND TO ASSURE THAT WE PROVIDE EQUAL EMPLOYMENT OPPORTUNITY TO APPLICANTS. WE COLLECT THIS TO IDENTIFY IT. THIS INFORMATION WILL BE SEPARATED FROM YOUR APPLICATION AND NONE OF IT WILL, UNDER ANY CIRCUMSTANCES, BE USED IN MAKING HIRING DECISIONS.
- ALL POLICIES OF WOODLAND WELDING WORKS ARE IN WRITING. THEY ARE CONTAINED IN THE EMPLOYMENT HANDBOOK [ OR ARE DISTRIBUTED TO EMPLOYEES AT THE TIME OF EMPLOYMENT]. YOU SHOULD NOT RELY UPON ANY ORAL REPRESENTATION IS MADE TO YOU BY ANYONE IN THE COMPANY, PRESENTATION IS CONTRARY TO THE WRITTEN POLICY.
- DRUG AND ALCOHOL ABUSE IS, SADLY, WIDESPREAD THROUGHOUT THE COUNTRY COSTING EMPLOYERS MILLIONS OF DOLLARS ANNUALLY IN MEDICAL COSTS, LOST PRODUCTIVITY, AND THE LIKE. WOODLAND WELDING WORKS AT ANYTIME MAY ASK YOU TO SUBMIT TO RANDOM DRUG TEST. LIKEWISE, IF WOODLAND WELDING WORKS EVER HAS A REASON TO SUSPECT YOUR USE OF ILLEGAL DRUGS OR MISUSE OF LEGAL ONES, OR YOU USE ALCOHOL DURING WORK HOURS. WOODLAND WELDING WORKS HAS THE RIGHT TO REQUIRE YOU TO SUBMIT TO DRUG AND/OR ALCOHOL TESTING. IF ANY EMPLOYEE IDENTIFIES A PROBLEM WITH SUBSTANCE ABUSE AND IS COMMITTED TO SEEKING TREATMENT, THE EMPLOYEE MAY CONSULT PRIVATELY WITH FELIX FRANCO. WOODLAND WELDING WORKS WILL MAKE ACCOMMODATIONS FOR TREATMENT.

I HEREBY ACKNOWLEDGE THAT I UNDERSTAND THE FOREGOING POLICIES AND PRINCIPLES, AND HAVE INDICATED MY UNDERSTANDING BY CHECKING THE APPROPRIATE BOXES. I UNDERSTAND THAT COMPLIANCE WITH THE FOREGOING, AS APPLICABLE, IS A MATERIAL TERM AND CONDITION OF MY EMPLOYMENT.

CANDIDATE'S SIGNATURE: \_\_\_\_\_

DATE: \_\_\_\_\_





