



**Swanton Welding & Machining Co., Inc.**  
 407 Zeiter Way | Swanton, OH 43558  
 Tel: (419) 826-4816 | Fax: (419) 826-0489

For Swanton Welding Use	
Date:	____ / ____ / ____
Time:	_____
Location:	_____

Position(s) Applied For

## APPLICATION FOR EMPLOYMENT

In compliance with Federal and State Equal Employment Opportunity laws, qualified applicants are considered for all positions without regard to race, color, religion, sex national origin, age, marital status, veteran status, non-job related disability, or other protected classifications.

<b>P E R S O N A L</b>	Name: _____ Today's Date: _____ <small>(Last) (First) (Middle)</small>
	Address: _____ <small>(City) (State) (Zip)</small>
	Are you at least 18 years of age? <input type="checkbox"/> Yes <input type="checkbox"/> No Phone: _____
	Have you filed an application or been employed here before? <input type="checkbox"/> Yes <input type="checkbox"/> No If so, date(s): _____
	Are you lawfully authorized to work in the United States? <input type="checkbox"/> Yes <input type="checkbox"/> No
	Are you available to work <input type="checkbox"/> Full Time or <input type="checkbox"/> Part Time?
Do any of your friends or relatives work here? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, list name(s): _____ _____	

<b>E D U</b>		High School	College/University	Other
	School Name			
	Did you graduate?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No

<b>E M P L O Y M E N T</b>	Please give accurate, complete full-time and part-time employment record. Start with present or most recent employer.	
	<b>J O B # 1</b>	Company Name _____ Telephone ( ) _____ Address _____ Employed (State, Month and Year) From _____ To _____ Name of Supervisor _____ Reason for Leaving _____ Job Title & Work Performed _____ May we Contact? _____ _____
<b>H I S T O R Y</b>	<b>J O B # 2</b>	Company Name _____ Telephone ( ) _____ Address _____ Employed (State, Month and Year) From _____ To _____ Name of Supervisor _____ Reason for Leaving _____ Job Title & Work Performed _____ May we contact? _____ _____

<b>R E F E R E N C E S</b>	Give name, address, and phone number of at least two references not related to you
	_____
	_____
	_____
	_____

I certify that the information provided on this application for employment is true, correct and complete. If employed, any misstatement or omission of fact on this application may result in my immediate discharge. I authorize investigation of all statements contained herein, including authorizing the company to contact the references listed to give the Company any and all information concerning my previous employment and any other pertinent information they may have. In consideration for review of this application, I hereby release the Company and its employees and agents from all liability for any damage that may result from furnishing same to the Company. I understand that an offer of employment (if any) is contingent on the successful completion of all standard pre-employment background checks and screenings. I understand that acceptance of any offer of employment is at-will and does not create contractual obligation upon the Company to continue to employ me in the future and that the Company's development and dissemination of policies and procedures are intended only to inform me and not create an implied contract. I further understand that no person, other than the President, has any authority to enter into any agreement for employment for any specific period of time, or to make any agreement contrary to the foregoing and that such agreement is not binding upon the Company unless in writing. I understand that I am required to abide by all Company rules and regulations if I am employed.

\_\_\_\_\_  
Date Signature

-- FOR OFFICE USE ONLY BELOW THIS LINE --

Date Hired	Position	Starting Pay	Social Security #

TERMINATION INFORMATION			
Reason for Termination _____			
Date Terminated _____	Was notice given? <input type="checkbox"/> Yes <input type="checkbox"/> No	Would we rehire? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Director of Human Resources _____			