

P.O. Box 630 3620 Jefferson Ave. Wellington, CO 80549 970-568-9002 Fax: 970-568-9740

EMPLOYMENT APPLIC	Date:	
Personal Information		
Last Name	First Name	Middle Name/Initial
Street Name	City/State/Zip	
Social Security Number	Phone Number	_ Yes □ No Are you 18 yrs. old or over
☐ Yes ☐ No Can you, after employment, submit verification of your identity and legal right to work in the United States?	If you are not a citizen, what is your visa status?	
Position Desired/Skills		
Position Desired	Date Available	☐ Full ☐ Part ☐ Temporary Type of Employment
□ Newspaper □ Job Service □ Em What prompted your application to our o		☐ Yes Date: ☐ No Have you ever applied here before?
If applicable indicate knowledge of the ITape MeasureMagneMig WeldingShear OStick WeldingPress ETorch CuttingHydrauSaw OperatingLayoutDrill PressGrindinForkliftBoom 7	tic DrillsImage: MaintenanceOperatorImage: PaintingBreakAir ToolsImage: SlIlic PunchInventoryPartsDesign / DetailerngFitting	 Reading Blue Prints Over-Head Cranes hipping / Receiving Hand Rail Fitter

*Explain other skills and / or list additional skills, aptitudes, or educational courses / degrees you have which you feel could qualify you for the type of work you seek with this company.

Drivers License # _____

Type	Class A	Class B	Class C
	Air Endor	rsement 🛛 Su	spended
	Other		

What are your expectations or goals if hired for this position?

Education and Training

	High School	College / University	Other
Name:	-		
Location:			
Date Attended From:			
Date Attended To:			
Major:			
Degree:			-
Date of Degree:			

List other job related training, scholastic honors, and vocational and / or professional information.

Experience

Present/Most Recent Employer	Previous Employer	Previous Employer
	Present/Most Recent Employer	Present/Most Recent Employer Previous Employer

Page 2 Name:	Reference 1	Reference 2	Reference 3
Name:			
Address:			
Phone:			
Relationship:			

Signature of Applicant

References

Date