

IRON CRAFTERS, INC.
An Equal Opportunity Employer
Application for Employment

<hr/> <p>(Name) First Middle Last</p>	<hr/> <p>(Social Security Number)</p>	<hr/> <p>(City) (State) (Zip Code)</p>	<hr/> <p>(Emergency Contact No.)</p>
<hr/> <p>(Home Phone)</p>	<hr/> <p>(Business Phone)</p>	<hr/> <p>(Name and Relationship)</p>	
<hr/> <p>(Your Age)</p>	<hr/> <p>(Date of Birth)</p>	<hr/> <p>(Sex - M/F)</p>	

Do you possess a valid Louisiana driver's license? Yes__ No__ Driver's License No. _____
Valid through what year _____

EDUCATION

- a. Highest Grade completed _____ Year Completed _____
- b. If you did not complete high school, do you have a high school equivalency diploma? Yes____ No____
Date Received _____
- c. Name/Location of Attended High School _____

How many years of post high school education (if any)? _____

College or University/City and State	Dates Attended	Total Credit/Hours Earned	Field of Study	Degree Received
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

JOB RELATED CERTIFICATE OR LICENSE

<hr/> <p>(Certificate or License)</p>	<hr/> <p>Date Originally Licensed/Certified</p>
<hr/> <p>Name and Address of Licensing or Certifying Agency</p>	<hr/> <p>_____</p>
	<hr/> <p>_____</p>

Expiration Date of Certificate of License (if any) _____

<hr/> <p>(Certificate or License)</p>	<hr/> <p>Date Originally Licensed/Certified</p>
<hr/> <p>Name and Address of Licensing or Certifying Agency</p>	<hr/> <p>_____</p>
	<hr/> <p>_____</p>

Expiration Date or Certificate of License (if any) _____

Iron Crafters Inc.
Application for Employment

WORK EXPERIENCE - (Starting with your most recent, list all jobs and activities including military service, part-time employment, self-employment and volunteer work).

Job Title _____	Duties: _____
Employer _____	_____
Address _____	_____
_____	_____
_____ Phone _____	_____
Type of Business _____	_____
Immediate Supervisor _____	_____
Title _____	Number and titles of employees you supervised _____
Salary (start) _____ (finish) _____	_____
Dates (mo/yr) _____ to (mo/yr) _____	Reason for leaving _____
Full-time ___ Part-time ___ Hours/Week _____	Your name if different from present _____

Job Title _____	Duties: _____
Employer _____	_____
Address _____	_____
_____	_____
_____ Phone _____	_____
Type of Business _____	_____
Immediate Supervisor _____	_____
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Full-time ___ Part-time ___ Hours/Week _____	Your name if different from present _____

(Supplemental sheets can be provided for additional work history information.)

Application for Employment

Have you ever been fired from a job or voluntarily terminated your employment with any employer to avoid being fired? Yes____ No_____

If yes, please explain: _____

_____.

Authority to Release Information: I consent to the release of information concerning my capacity and/or all aspects of prior job performance by employers, educational institutions, etc. for the purpose of determining my eligibility and suitability for employment.

I certify that all statements made on this application and any attached papers are true and complete to the best of my knowledge. I understand that the information on this application may be subject to investigation and verification and that any misrepresentation or material omission may cause my application to be rejected, my name to be removed from consideration and or subject me to be dismissed from employment at any time with no required notice..

Signature of Applicant

Date

Social Security No.

Job Title _____ **Duties:** _____

Employer _____

Address _____

_____ Phone _____

Type of Business _____

Immediate Supervisor _____

Title _____ Number and titles of employees you supervised _____

Salary (start) _____ (finish) _____

Dates (mo/yr) _____ to (mo/yr) _____ Reason for leaving _____

Full-time ___ Part-time ___ Hours/Week _____ Your name if different from present _____

Job Title _____ **Duties:** _____

Employer _____

Address _____

_____ Phone _____

Type of Business _____

Immediate Supervisor _____

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Job Title _____ **Duties:** _____

Employer _____

Address _____

_____ Phone _____

Type of Business _____

Immediate Supervisor _____

Title _____ Number and titles of employees you supervised _____

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