



APPLICATION FOR EMPLOYMENT

PLEASE PRINT

Date _____

Name: _____ Social Security # _____ - _____ - _____

Have you ever gone under a different name before? YES NO Please List: _____

Street Address: _____ City: _____ State: _____ Zip: _____

Home Phone # () _____ Cell Phone # () _____

Positions within Counterpart, Inc - (To be sure of what openings we have, ask Human Resources. If there are no openings, we will keep your application on file for 3 months.) Metal Fabrication, Powder Coating, Welding, Shipping, Machine Maintenance,

Position you are applying for: _____ Full Time _____ Part Time

_____ Day Shift Mon-Thurs 7:00am to 4:30pm

Friday 7:00am-11:00am

_____ Night Shift Mon-Thurs 4:30pm to 3:00am

How did you hear about us?

Counterpart Website		Facebook		Jobsinbrookings.com		Current Employee List Name:	
Department of Labor		Indeed		LinkedIn		Previous Employee List Name:	

Are you under 18 years of age? Yes No

Are you authorized to work in the U.S.A? Yes No

When are you available to start work? _____

Are you available for overtime? Yes No

Have you ever applied here before? Yes No

What are the wages or salary desired? \$ _____

Experience/Qualifications: Document your applicable experience in the area below.

Metal Fabrication	_____
Welding	_____
Powder Coating	_____
Forklift	_____
Commercial Driver's License	<input type="checkbox"/> Yes <input type="checkbox"/> No List endorsements: _____
Software (Excel/Word)	_____
CAD CAM Software	_____
Other	_____

Educational Information

EDUCATION TYPE OF SCHOOL	NAME AND ADDRESS OF SCHOOL	AREA OF STUDY	CIRCLE LAST YEAR ATTENDED	GRADUATED Yes or No	DEGREE
HIGH SCHOOL			9 10 11 12 GED		
COLLEGE			1 2 3 4		
TECHNICAL SCHOOL			1 2		



Military Service		
Branch	From	To
Rank at Discharge	Type of Discharge	
Work Experience - Please list your work experience beginning with your most recent job held.		
Dates From To	Company Name	City, State
Title and Duties: (list jobs you held, duties performed, skills used or learned, advancements or promotions while you worked at this company)		
Reason for Leaving	Supervisor's Name	Telephone Number
Work Experience - Please list your work experience beginning with your most recent job held.		
Dates From To	Company Name	City, State
Title and Duties: (list jobs you held, duties performed, skills used or learned, advancements or promotions while you worked at this company)		
Reason for Leaving	Supervisor's Name	Telephone Number
Work Experience - Please list your work experience beginning with your most recent job held.		
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Reason for Leaving	Supervisor's Name	Telephone Number

Please list three professional references:

<i>Name</i>	<i>Address</i>	<i>Phone #</i>
1. _____	_____	_____
2. _____	_____	_____
3. _____	_____	_____

IMPORTANT- PLEASE READ AND SIGN

Counterpart Inc. complies with Federal Drug Free Workplace requirements. All applicants are required to take a drug screen and physical after you are offered and accept a position at our organization. Any applicant with a confirmed positive test result will be denied employment. If you have any questions or concerns you may contact Human Resources.

I attest that the information that I have stated is factual and complete to the best of my knowledge. I understand that if any information I have given is knowingly falsified, I will be denied employment or immediate termination of employment, regardless of how or when it is discovered.

Signature of Applicant

Date