COUNTERPART, INC.
INDUSTRIAL METAL FABRICATION

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	☐Yes ☐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		

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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
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
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

Please list three professional references:

Name *Address* *Phone #*

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