



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 # () _____
 Email _____

We will keep your application on file for 3 months.

Position desired: _____ Full Time _____ Part Time
 _____ Day Shift - Mon-Thurs 7:00am to 4:30pm _____ Night Shift - Mon-Thurs 4:30pm to 3:00am
 Friday 7:00am-11:00am _____ Office Shift - Mon - Friday

How did you hear about us?

Counterpart Website		Facebook		Current Employee	
				List Name:	
Department of Labor		Indeed		Previous Employee	
				List Name:	

Are you under 18 years of age? Yes No Are you available for overtime? Yes No
 Are you authorized to work in the U.S.A? Yes No Have you ever applied here before? Yes No
 When are you available to start work? _____ 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		



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	Phone Number	Last rate of pay
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	Phone Number	Last rate of pay
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	Phone Number	Last rate of pay

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 may be required to take a drug screen and physical after you are offered and accept a position at our organization. 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