

4015 County Road 576 * Alvin, Tx 77511 Office: (281) 331-0203 * Fax: (281) 331-0181 info@K2Performance.com * www.WeldingMachineRepair.com

Employment Application

			Appl	icant	Inform	ation				
Name:									Date:	
Last			First				M.I.			
Address:	Street Address									
	Street Address									
	City							State	ZIP Code	
Drivers										
License:		Phone:				Ema	il:			
_									_	
Birthdate: So			cial Security:				Desired Pay:			
Position A	Applied for:									
Are you a States?	citizen of the Un	ited	YES	NO	If no, a	are yo	u au	thorize	ed to work in YES the U.S.?	NO
Have you company	ever worked for ?	this	YES	NO	If yes,	when	?			
Have you a felony?	ever been convic	ted of	YES	NO						
If yes, explain:										
Education										
High Scho	ool:		A	ddres	SS:					
From:	To:		D grad	id yo duate	u YES		Dipl	loma:_		
College: Address:										
From:	To:			id yo duate	u YES	NO	Deg	ree:		

Other:		_ Address:	
		References	
Please list three p	professional referenc		
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Addrocci			
Audi ess.			
Full Name:			Relationship:
•			DI
Addrocci			
Full Name:			Relationship:
C			DI
Addrocci			
	Pr	evious Employmo	ent
Company:			Phone:
			<u> </u>
Job Title:	Sta	arting Salary:	Ending Salary:
Responsibilities:	i		
From:	To:		Leaving:
May we contact y a reference?	our previous superv	visor for YES	NO
Company:			Phone:
			Ending Salary:
From:		Leaving:	
May we contact y	our previous superv		NO

Company:				Pl	none:		
	Supervisor:						
Job Title:		Starting Sala	ary:	Endir	ng Salary:		
Responsibilities:							
From:	То:	Rea	son for l	Leaving:			
May we contact y a reference?	our previous s	upervisor for	YES	NO			
		Military	Service				
Branch:				From:	To:		
Rank at Discharge:			Di	Type of scharge:			
If other than hone explain:	orable,						
	_	Disclaimer ar	nd Signa	ture			
I certify that my a If this application my application or	leads to emplo	yment, I under:	stand th	, ,	vledge. leading information in		
Signature:				D	ate:		

a reference?