

ALC GASES

A - L C O M P R E S S E D G A S

APPLICATION FOR EMPLOYMENT

Provide all information requested by printing in ink or typing.

GENERAL INFORMATION

Name (Last)		(First)	(Middle Initial)	Home Telephone () -
Address (Mailing Address)		(City)	(State)	(Zip)
Other Telephone () -				
Social Security Number	Email Address	Are you legally entitled to work in the U.S.? Yes No		

POSITION

Position Or Type Of Employment Desired	Will Accept: Part-Time Full-Time Temporary	Shift: Day Swing Graveyard Rotating
Are you able to perform the essential functions of the job you are applying for, with or without reasonable accommodation? Yes No		
Salary Desired	Date Available	

EDUCATION AND TRAINING

High School Graduate Or General Education (GED) Test Passed? Yes No If no, list the highest grade completed						
College, Business School, Military (Most recent first)						
Name and Location	Dates Attended Month/Year	Credits Earned		Graduate	Degree & Year	Major or Subject
		Quarterly or Semester Hours	Other (Specify)			
	From			Yes		
	To			No		
	From			Yes		
	To			No		
	From			Yes		
	To			No		
	From			Yes		
	To			No		
Occupational License, Certificate or Registration		Number		Where Issued		Expiration Date
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Languages Read, Written or Spoken Fluently Other Than English						

VETERAN INFORMATION (Most recent)

Branch of Service	Date of Entry	Date of Discharge
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SPECIAL SKILLS (List all pertinent skills and equipment that you can operate)

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WORK EXPERIENCE (Most Recent First) (Include voluntary work and military experience)

Employer	Telephone Number () -	From (Month/Year)
Address		
Job Title	Number Employees Supervised	To (Month/Year)
Specific Duties		Hours Per Week
		Last Salary
		Supervisor
		Reason For Leaving
Employer	Telephone Number () -	From (Month/Year)
Address		
Job Title	Number Employees Supervised	To (Month/Year)
Specific Duties		Hours Per Week
		Last Salary
		Supervisor
		Reason For Leaving
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Specific Duties		Hours Per Week
		Last Salary
		Supervisor
		Reason For Leaving

I certify the information contained in this application is true, correct, and complete. I understand that, if employed, false statements reported on this application may be considered sufficient cause for dismissal.

Signature of Applicant _____ Date _____

