



HUFFMAN

WELDING & MACHINE, INC.

Corporate Office

6224 Avenue O

Phone 319-372-7232

Fort Madison, IA 52627

Fax 319-372-3469



Huffman Welding & Machine, Inc. is an Equal Opportunity Employer. It is our policy to provide equal opportunity in all areas of employment practice and to assure that there shall be no discrimination against any employee or applicant for employment because of race, color, religion, sex, creed, national origin, age, disability, sexual orientation, gender identity or any other characteristic protected by law.

APPLICATION FOR EMPLOYMENT

P E R S O N A L	Last Name First Middle			Date			
	Street Address					Home Phone ()	
	City, State, Zip					Cell Phone ()	
	Please select which location you are applying for: <input type="checkbox"/> HWMI <input type="checkbox"/> HF&H ALEDO <input type="checkbox"/> HF&H FT. MADISON <input type="checkbox"/> HF&H W. BURLINGTON					Would you be able to work at our other locations? <input type="checkbox"/> Yes <input type="checkbox"/> No	
	Have you ever applied for employment with us? <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes: Month / Year _____					Location You Applied: _____	
	Position Desired					Pay Expected	
	Apart from absence for religious observance, are you available for full-time work? <input type="checkbox"/> Yes <input type="checkbox"/> No If not, what hours can you work? _____					Will you work overtime if asked? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Are you legally eligible for employment in the United States?					When will you be available to begin work? _____		
Other special training or skills (languages, machine operation, position related skills, etc.)							
How did you learn of our organization?							
E D U C A T I O N	SCHOOL	NAME AND LOCATION OF SCHOOL	COURSE OF STUDY	NO. OF YEARS COMPLETED	DID YOU GRADUATE?	DEGREE OR DIPLOMA	
	College				<input type="checkbox"/> Yes <input type="checkbox"/> No		
	High				<input type="checkbox"/> Yes <input type="checkbox"/> No		
	Other				<input type="checkbox"/> Yes <input type="checkbox"/> No		

LIST ANY ADDITIONAL SKILLS AND KNOWLEDGE WHICH RELATES TO YOUR ABILITY TO PERFORM THE JOB. (LICENSES, PROFESSIONAL MEMBERSHIPS, COMPUTER KNOWLEDGE, AND SPECIAL INTERESTS. OMIT ANY ORGANIZATIONS WHICH MAY INDICATE REFERENCE TO RACE, COLOR, AGE, RELIGION, DISABILITY, NATIONAL ORIGIN OR VETERAN STATUS.)

SPECIFIC EQUIPMENT OPERATED / SPECIFIC TASKS COMPLETED (If Applicable):

TYPING SPEED: _____

CAN YOU PERFORM THE ESSENTIAL JOB FUNCTIONS OF THE POSITION FOR WHICH YOU ARE APPLYING WITH OR WITHOUT A REASONABLE ACCOMMODATION? (IF YOU HAVE ANY QUESTION AS TO WHAT FUNCTIONS ARE APPLICABLE TO THE POSITION FOR WHICH YOU ARE APPLYING, PLEASE ASK BEFORE YOU ANSWER THIS QUESTION) Yes No (explain) _____

Please fill out this section completely. Do not indicate "refer to resume." Please list all work experience, starting with your current or most recent employer. Resumes are accepted as supplemental information.

If additional information is attached, please check here.

EMPLOYMENT

Present Employer	May we contact this employer? Yes <input type="checkbox"/> No <input type="checkbox"/>
Address	Telephone ()
Employed (State Month and Year) From To	Name of Supervisor
Beginning Salary/Hourly Rate:	Final Salary/Hourly Rate:
Job Title & Duties	Reason for Leaving

Past Employer	May we contact this employer? Yes <input type="checkbox"/> No <input type="checkbox"/>
Address	Telephone ()
Employed (State Month and Year) From To	Name of Supervisor
Beginning Salary/Hourly Rate:	Final Salary/Hourly Rate:
Job Title & Duties	Reason for Leaving

Past Employer	May we contact this employer? Yes <input type="checkbox"/> No <input type="checkbox"/>
Address	Telephone ()
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Beginning Salary/Hourly Rate:	Final Salary/Hourly Rate:
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Address	Telephone ()
Employed (State Month and Year) From To	Name of Supervisor
Beginning Salary/Hourly Rate:	Final Salary/Hourly Rate:
Job Title & Duties	Reason for Leaving

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Address	Telephone ()
Employed (State Month and Year) From To	Name of Supervisor
Beginning Salary/Hourly Rate:	Final Salary/Hourly Rate:
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TO WHOM IT MAY CONCERN:

I HEREBY AUTHORIZE YOUR OR YOUR DESIGNATE TO RELEASE INFORMATION CONCERNING ME, WHETHER ON RECORD OR NOT, TO HUFFMAN WELDING & MACHINE, INC. I ALSO RELEASE ANY INDIVIDUAL, PARTNERSHIP, OR CORPORATION AND THEIR OFFICERS, AGENTS AND EMPLOYEE FROM ANY LIABILITY FOR ANY DAMAGE WHAT-SO-EVER FOR ISSUING SUCH INFORMATION. A PHOTOSTATIC COPY OF THIS AUTHORIZATION IS CONSIDERED AS VALID AS THE ORIGINAL. I FURTHER WAIVE ANY RIGHT TO PERSONALLY REVIEW SUCH INFORMATION.

SIGNATURE OF WITNESS

SIGNATURE OF APPLICANT

DATE

REFERENCES: List three people not related to you whom you have known at least one year

(NOTE: These should be professional/work related references.)

Name:		Address:	
Telephone Number:	Work Relationship:	Years Known:	
Name:		Address:	
Telephone Number:	Work Relationship:	Years Known:	
Name:		Address:	
Telephone Number:	Work Relationship:	Years Known:	

Upon signing this application; I acknowledge that Huffman Welding & Machine, Inc. (the Company) relies on information provided by me for employment consideration. I understand that false information, misrepresentation, or concealment are grounds for my dismissal at any time during my employment. I understand my employment is conditional upon the Company obtaining information, including, but not limited to, my employment, education, credit, prior work, including my disciplinary record, general reputation, and character. I authorize the Company to obtain such information or verification from any source as required without any obligation to provide me with such written notice of such disclosure. I understand this serves as notice under the Federal Fair Credit Reporting Act that a consumer report to obtain such information may be procured. I hereby release the Company and all such sources from any liability as a result of such inquires and disclosures.

In considerations of my employment, I agree to conform to the rules and regulations of the Company. I understand and agree that my employment is for an indefinite period of time and that my employment and compensation can be terminated at will, with or without cause, and with or without notice, at any time, at the option of either the Company or myself. I further understand that the Company's policies and procedures are merely guidelines that are subject to change at the sole discretion of the Company and that they do not constitute contracts of employment. I understand that no representative of the Company other than the President of the Company has authority to enter into any agreement for employment for any specified period of time, or to make any agreement contrary to the foregoing. All agreements shall be expressly stated in writing directed to me personally and signed by the President of the Company.

I understand that Huffman Welding & Machine, Inc. has a commitment to maintain an alcohol/drug-free workplace and that Huffman Welding & Machine, Inc. unless prohibited by state law, may perform random drug screening test as part of its selection and hiring process. I understand that such drug screening will consist of the testing of a urine sample or other medically recognized test designed to detect traceable amounts of a controlled substance in my body. If it is determined my specimen contains a controlled substance or was altered or substituted, I will be disqualified from consideration for employment and any offer of employment will be withdrawn. I further understand and agree that if I am employed, I may be required to submit to drug-testing under certain circumstances during my employment.

I fully understand and accept all terms and conditions in the above statement.

SIGNATURE: _____ **DATE:** _____