



267208

## **JOB APPLICATION**

Location Applying for:

Valew Welding & Fabrication (California)

1954 Manufacturing (Texas)

Valew Family of Companies is an equal opportunity employer. This application will not be used for limiting or excluding any applicant from consideration for employment on a basis prohibited by local, state or federal law. Should an applicant need reasonable accommodation in the application process, he or she should contact a company representative.

Please fill out all of the section below

### **Applicant Information**

Applicant Name: \_\_\_\_\_

Address: \_\_\_\_\_

City, State and Zip Code: \_\_\_\_\_

Telephone Number: \_\_\_\_\_

Email Address: \_\_\_\_\_

Date of Application: \_\_\_\_\_

DOB: \_\_\_\_\_ Social Security: \_\_\_\_\_

### **Employment Position**

Position(s) applying for: (Full time)

How did you hear about this position? \_\_\_\_\_

What hours or shift are you available for work? \_\_\_\_\_

On what date can you start working if you are hired? \_\_\_\_\_



## EEOC Questionnaire

### Race

- American Indian / Alaska Native -----
- Asian -----
- Black or African American -----
- Native Hawaiian/ Other Pacific Islander
- White -----
- Other -----

### Definition for Racial and Ethnic Categories

- American Indian or Alaska Native. A person having origins in any of the original peoples of the North and South America (Including Central America), and who maintains tribal affiliation or community attachment.
- Asian. A person having origins in any of the original peoples of the Far East, Southeast Asia, or the Indian subcontinent Islands, Thailand, and Vietnam.
- Black or African American. A person having origins in any of the black racial groups of Africa. Terms such as “Haitian” or “Negro” can be used in addition to “Black or African American”
- Hispanic or Latino. A person of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin, regardless of race. The term, “Spanish origin,” can be used in addition to “Hispanic or Latino.”
- Native Hawaiian or Other Pacific Islander. A person having origins in any of the original peoples of Hawaii, Guam, Samoa, or other Pacific Islands.
- White. A person having origins in any of the original people of Europe, the Middle East or North Africa.

### Ethnicity

- Hispanic/Latino -----
- Not Hispanic/Latino -----

# Personal Information

Do you have any friends, relatives, or acquaintances working for Valew Family of Companies? - - - - - Yes or No

If yes, state name and relationship: \_\_\_\_\_  
\_\_\_\_\_

Are you 18 years of age or older? - - - - - Yes or No

Are you a U.S. Citizen or approved to work in the United States? - - - - - Yes or No

What document can you provide as proof of citizenship or legal status? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Will you consent to a mandatory controlled substance test? - - - - - Yes or No

Do you have any condition which would require job accommodations? - - - - - Yes or No

If yes, please describe accommodations required below  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Have you ever been convicted of a criminal offense (felony or misdemeanor)? - - - - - Yes or No

If yes, please state the nature of the crime(s), when and where convicted and disposition of the case:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**(Note: No applicant will be denied employment solely on the grounds of conviction of a criminal offense. The date of the offense, the nature of the offense, including any significant details that affect the description of the event, and the surrounding circumstances and the relevance of the offense to the position(s) applied for may, however, be considered.)**

Please list below the skills and qualifications you possess for the position for which you are applying:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**(Note: Valew Family of Companies complies with the ADA and considers reasonable accommodation measures that may be necessary for eligible applicants/employees to perform essential functions. It is possible that a hire may be tested on skill/agility and may be subject to a medical examination conducted by a medical professional.)**

## Education and Training

### High School

Name	Location (City, State)	Year Graduated	Degree Earned

### College/University

Name	Location (City, State)	Year Graduated	Degree Earned

### Vocational School/Specialized Training

Name	Location (City, State)	Year Graduated	Degree Earned

## Military

Are you a member of the Armed Services? ..... **Yes or No**

What branch of the military did you enlist? \_\_\_\_\_

What was your military rank when discharged? \_\_\_\_\_

How many years did you serve in the military? \_\_\_\_\_

What military skills do you possess that would be an asset for this position?

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

## Previous Employment

Employer name: \_\_\_\_\_

Job Title: \_\_\_\_\_

Supervisor Name: \_\_\_\_\_

Employer Address: \_\_\_\_\_

City, State and Zip code: \_\_\_\_\_

Employer Telephone: \_\_\_\_\_

Dates Employed: \_\_\_\_\_

Reason for Leaving: \_\_\_\_\_

## Previous Employment

Employer name: \_\_\_\_\_

Job Title: \_\_\_\_\_

Supervisor Name: \_\_\_\_\_

Employer Address: \_\_\_\_\_

City, State and Zip code: \_\_\_\_\_

Employer Telephone: \_\_\_\_\_

Dates Employed: \_\_\_\_\_

Reason for Leaving: \_\_\_\_\_

## At-Will Employment

The relationship between you and the Valew Family of Companies is referred to as "employment at will." This means that your employment can be terminated at any time for any reason, with or without cause, with or without notice, by you or the Valew Family of Companies. No representative of Valew Family of Companies has authority to enter into any agreement contrary to the foregoing "employment at will" relationship. You understand that your employment is "at will," and that you acknowledge that no oral or written statements or representations regarding your employment can alter your at-will employment status, except for a written statement signed by you and either our Executive Vice-President/Chief Operations Office or the company's President.

Applicant Signature: \_\_\_\_\_

Date: \_\_\_\_\_

# Release and Authorization Form

In accordance with my right to privacy, I have been advised by Valew Family of Companies that the information described below is required to assist the same in making an employment advancement determination concerning me and the execution of this form is voluntary.

I hereby authorize Et All, Inc. or any qualified agent bearing this document or a copy thereof, to obtain information from all personnel, educational institutions, government agencies, to include the Department of justice and the Youth Authority, companies, corporations, worker's compensation information, law enforcement agencies or individual relating to past activities to supply any and all information concerning my background and release same from any liability resulting from providing such information. The information received may include, but is not limited to, academic, job performance, attendance, personal history, financial record history, driving records, disciplinary and criminal history.

I further hereby release any individual associated with the completion of such information to include record custodians, directors, officer, agent, employees, if authorized representatives of the same, from any and all liability for damages of whatever kind of nature, which may at any time accrue to me on account of (1) reliance by such person on the information submitted in my employment application; (2) reliance by such person on the information obtained pursuant to this authorization; (3) compliance with, or any attempt to comply with this authorization; and (4) termination of my employment based on information obtained after commencement thereof pursuant to validity of this authorization. If adverse action is taken based in whole or in part on the consumer report, we will provide to you with a copy of the consumer report and a summary of the consumer's rights as prescribed by the FCRA. This report will not be used in violation of any federal or state laws and/or equal employment opportunity laws or regulations.

I hereby certify that all the statements and answers set forth on this application form and documents signed are true and complete to the best of my knowledge, and I understand that if, subsequent to employment, any of such statements and/or answers are found false or that information has been omitted, such as false statements or omissions, will be just cause for termination of my employment.

## **Please Print Clearly**

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**Signature of Applicant/Employee**

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**Date**

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**Print Full Name**

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**Address**

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**City, State and Zip code**

For the purpose of gathering this information. I agree to supply the following information which may be required by law enforcement agencies and other entities identification purposes when checking records. It is confidential and will not be used for any other purposes.

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**Date of Birth**

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**Driver License #**

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**State**

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**Social Security Number**

**Last Name as it Appears on License** \_\_\_\_\_