

BOB MURPHY INC.
APPLICATION FOR EMPLOYMENT
FABRICATING SHOP

DATE _____

We are an **Equal Opportunity Employer**. We consider all applications for all positions without regard to race, color, religion, gender, national origin, age, sexual orientation, genetic predisposition or carrier status, disability, marital status, pregnancy, veteran status, or any other legally protected class or status.

PERSONAL INFORMATION

NAME _____

STREET _____ CITY _____ STATE _____ ZIP _____

PHONE _____ EMAIL _____

IF AT THE ABOVE ADDRESS LESS THAN 3 YEARS, LIST ALL ADDRESSES FOR THE PAST 3 YEARS BELOW:

1. _____

2. _____

EMPLOYMENT STATUS

ARE YOU EMPLOYED NOW? YES NO MAY WE CONTACT YOUR EMPLOYER? YES NO

AVAILABLE STARTING DATE _____ SALARY DESIRED? _____

HAVE YOU APPLIED AT THIS COMPANY OR BARNEY & DICKENSON INC. BEFORE? _____

ARE YOU LEGALLY ELLIGIBLE FOR EMPLOYMENT IN THE UNITED STATES? YES NO

EDUCATION

NAME & LOCATION OF SCHOOL

GRADUATED?

SUBJECTS STUDIED

GRAMMAR

YES NO

HIGH SCHOOL

YES NO

COLLEGE OR
TRADE SCHOOL

YES NO

PHYSICAL RECORD

ARE YOU ABLE TO PERFORM THE JOB FUNCTIONS WITH OR WITHOUT REASONABLE ACCOMODATION? YES NO

PRE-EMPLOYMENT RANDOM DRUG TESTING AND BACKGROUND CHECKS ARE REQUIRED.

FORMER EMPLOYERS (STARTING WITH THE LAST EMPLOYER FIRST FOR THE LAST 15 YEARS)

1. NAME _____ PHONE _____

ADDRESS _____ DATES WORKED _____ TO _____

POSITION _____ REASON FOR LEAVING? _____

2. NAME _____ PHONE _____

ADDRESS _____ DATES WORKED _____ TO _____

POSITION _____ REASON FOR LEAVING? _____

3. NAME _____ PHONE _____

ADDRESS _____ DATES WORKED _____ TO _____

POSITION _____ REASON FOR LEAVING? _____

REFERENCES – PLEASE LIST THREE INCLUDING ADDRESS AND PHONE NUMBERS

1. _____

2. _____

3. _____

WORK EXPERIENCE

BRAKES	YES	NO	CNC EQUIPMENT	YES	NO
SHEARS	YES	NO	ROLLERS	YES	NO
PUNCHING	YES	NO	FORKLIFTS	YES	NO

WELDING YES NO TYPE _____
LIST ANY CERTIFICATIONS _____

MACHINING YES NO TYPES _____

DRIVER'S LICENSE

STATE _____ LICENSE# _____ CLASS _____

PLEASE READ CAREFULLY AND SIGN BELOW

I HEREBY CERTIFY THAT ALL OF THE INFORMATION I HAVE PROVIDED ON THIS *APPLICATION FOR EMPLOYMENT FORM* IS ACCURATE AND COMPLETE TO THE BEST OF MY KNOWLEDGE. I UNDERSTAND THAT ANY MISREPRESENTATION OR OMISSION OF FACTS WILL DISQUALIFY ME FROM FURTHER CONSIDERATION OF EMPLOYMENT, WITHDRAWAL OF ANY OFFER OF EMPLOYMENT, OR TERMINATION OF EMPLOYMENT, IF HIRED.

I AUTHORIZE VERIFICATION OF ALL OF THE INFORMATION I HAVE PROVIDED ON THIS *APPLICATION FOR EMPLOYMENT FORM* AS WELL AS ANY ADDITIONAL INFORMATION NEEDED TO CONSIDER MY APPLICATION FOR EMPLOYMENT. I AUTHORIZE ALL PREVIOUS EMPLOYERS, EDUCATIONAL INSTITUTIONS, REERENCES, AND OTHER PERSONS WHO HAVE KNOWLEDGE OF ME OR MY RECORDS TO PROVIDE ANY AND ALL INFORMATION PERTINENT TO MY EMPLOYMENT AND RELEASE THE SAME FROM ANY LIABILITY RESULTING FROM PROVIDIND SUCH INFORMATION. I ALSO RELEASE THIS ORGANIZATION AND ALL OF ITS EMPLOYEES FROM ALL LIABILITY FOR ANY DAMAGE THAT MAY RESULT FROM RELIANCE ON THE INFORMATION FURNISHED.

IF EMPLOYED, I AGREE TO ABIDE BY ALL POLICIES, PROCEDURES, RULES, AND REGULATIONS OF THE ORGANIZATION. I UNDERSTAND AND AGREE THAT, IF HIRED, MY EMPLOYMENT IS FOR NO DEFINITE PERIOD AND MAY, REGARDLESS OF THE DATE OF PAYMENT OF MY WAGES OR SALARY, BE TERMINATED BY MYSELF OR THE COMPANY AT ANY TIME WITH OR WITHOUT CAUSE OR NOTICE. I FURTHER UNDERSTAND THAT THE POLICIES, PROCEDURES, RULES, AND BENEFITS CONTAINED IN THE EMPLOYEE HANDBOOK, BENEFIT PLANS, AND OTHER WRITTEN DOCUMENTS SHOULD NOT BE CONSIDERED AN EMPLOYMENT CONTRACT FOR ANY PERIOD OF TIME.

DATE _____

SIGNATURE _____

This application is valid for 30 days from date of submission.

January 1, 2020