



W. D. Fox Tapping & Welding, Inc.

955 Cool Creek Road, Wrightsville, PA 17368

phone: (717) 252-3908 • fax: (717) 252-2982

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Application for Employment

Last Name: _____ First Name: _____ Middle Initial: _____

Social Security # _____ Telephone # _____ Mobile # _____

E-mail Address: _____

Street Address: _____

City: _____ State: _____ Zip: _____

Position(s) applied for: _____

How did you hear of our company? _____

If necessary, best time to call you at home is: _____

May we contact you at work? Yes No

If yes, work number: _____ Best time to call: _____

Are you over the age of 18? Yes No

Have you submitted an application here before? Yes No

If yes, give date(s) and position(s): _____

Are you legally eligible for employment in this country? Yes No

Date available for work: _____

What is your desired salary range or hourly rate of pay? _____

Will you relocate if job requires it? Yes No

Will you travel if job requires it? Yes No

Will you work overtime if required? Yes No

Are you able to perform the essential functions of the job for which you are applying?

Yes No Need more information

Driver's license #: _____ State: _____

Have you ever pleaded guilty or no contest to, or been convicted of a crime? Yes No

If yes, please provide date(s) and details: _____

Have you entered into an agreement with any former employer or other party (such as a non-competition agreement) that might, in any way, restrict your ability to work for our company? Yes No

If yes, please explain: _____

Employment Information

(Starting with your most recent employer, provide the following information.)

Employer Name: _____

Employer Telephone: _____

Street Address: _____

City: _____ State: _____ Zip: _____

Starting job title/final job title: _____

Immediate supervisor and title: _____

May we contact for reference? Yes No

Why did you leave? _____

Dates employed: _____ to _____

Compensation (Starting) \$ _____ per _____ Compensation (Final) \$ _____ per _____

Did you receive any Commissions, Bonuses, or other Compensation? Yes No

If so, please describe and indicate amount received and frequency: _____

Summarize the type of work performed and job responsibilities:

Employer Name: _____

Employer Telephone: _____

Street Address: _____

City: _____ State: _____ Zip: _____

Starting job title/final job title: _____

Immediate supervisor and title: _____

May we contact for reference? Yes No

Why did you leave? _____

Dates employed: _____ to _____

Compensation (Starting) \$ _____ per _____ Compensation (Final) \$ _____ per _____

Did you receive any Commissions, Bonuses, or other Compensation? Yes No

If so, please describe and indicate amount received and frequency: _____

Summarize the type of work performed and job responsibilities:

Employer Name: _____

Employer Telephone: _____

Street Address: _____

City: _____ State: _____ Zip: _____

Starting job title/final job title: _____

Immediate supervisor and title: _____

May we contact for reference? Yes No

Why did you leave? _____

Dates employed: _____ to _____

Compensation (Starting) \$ _____ per _____ Compensation (Final) \$ _____ per _____

Did you receive any Commissions, Bonuses, or other Compensation? Yes No

If so, please describe and indicate amount received and frequency: _____

Summarize the type of work performed and job responsibilities:

Explain any gaps in your employment, other than those due to personal illness, injury or disability:

Have you ever been fired or asked to resign from a job? Yes No If yes, please explain:

Heavy Equipment Qualifications / Training:

Light Equipment Qualifications / Training:

Educational Background

School (include City & State): _____

Years Completed: _____ Diploma GED Degree Certification Other

School (include City & State): _____

Years Completed: _____ Diploma GED Degree Certification Other

References

(List name and telephone number of two business/work references who are not related to you and are not previous supervisors. If not applicable, list two school or personal references who are not related to you.)

Name: _____ Title: _____

Relationship to You: _____

Telephone: _____ Number of Years Known: _____

Name: _____ Title: _____

Relationship to You: _____

Telephone: _____ Number of Years Known: _____

Related Information

To what job-related organizations (professional, trade, etc.) do you belong?

Organization: _____

Offices Held: _____

Organization: _____

Offices Held: _____

Is there any other job-related information you want us to know about you?

W. D. Fox Tapping & Welding, Inc. is a drug-free work environment. Applicants may be tested for illegal drugs.