

COASTAL WELDING SUPPLY, INC

AN EQUAL OPPORTUNITY EMPLOYER

BEAUMONT
24 N. Fourth Street
Beaumont, TX 77001
(409) 838-3757

BAYTOWN
1205 W. Main
Baytown, TX 77520
(281) 422-9418

CORPUS CHRISTI
522 S. Navigation Blvd.
Corpus Christi, TX 78405
(361) 885-7550

FREEPORT
2102 N. Brazosport Blvd.
Freeport, TX 77541
(979) 233-3900

GROVES
5801 39th Street
Groves, TX 77619
(409) 963-2500

HOUSTON
5101 Tacoma Drive
Houston, TX 77041
(713) 896-8855

JASPER
4688 N. Wheeler Street
Jasper, TX 75951
(409) 384-5459

LIBERTY
205 Georgia Street
Liberty, TX 77575
(936) 336-3452

ORANGE
4577 Highway 87 S.
Orange, TX 77630
(409) 735-3400

SILSBEE
325 W. Hwy 327
Silsbee, TX 77656
(409) 385-2100

SULPHUR
2045 Swisco Road
Sulphur, LA 70665
(337) 625-2055

APPLICATION FOR EMPLOYMENT

PERSONAL INFORMATION:

LAST NAME	FIRST	MIDDLE	SOCIAL SECURITY NO.	DATE
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PRESENT ADDRESS	CITY, STATE, ZIP
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PERMANENT ADDRESS	CITY, STATE, ZIP
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PHONE NUMBER	ARE YOU 18 YEARS OR OLDER? <input type="checkbox"/> Yes <input type="checkbox"/> No
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ARE YOU EITHER A U.S. CITIZEN OR AN ALIEN AUTHORIZED TO WORK IN THE UNITED STATES? <input type="checkbox"/> Yes <input type="checkbox"/> No

SPECIAL QUESTIONS:

DO NOT ANSWER ANY OF THE QUESTIONS IN THIS FRAMED AREA UNLESS THE EMPLOYER HAS CHECKED A BOX PRECEDING A QUESTION, THEREBY INDICATING THAT THE INFORMATION IS REQUIRED FOR A BONA FIDE OCCUPATIONAL QUALIFICATION, OR DICTATED BY NATIONAL SECURITY LAWS, OR IS NEEDED FOR OTHER LEGALLY PERMISSIBLE REASONS.

<input type="checkbox"/> Height: _____ feet _____ inches	<input type="checkbox"/> Are you a U.S. citizen? <input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> Weight: _____ lbs.	<input type="checkbox"/> Date of Birth: _____
<input type="checkbox"/> What foreign languages do you speak fluently? _____ Read? _____ Write? _____	
<input type="checkbox"/> Have you ever been convicted of a felony or misdemeanor within the last 5 years? ** <input type="checkbox"/> Yes <input type="checkbox"/> No	
If yes, please describe: _____	

*I understand and agree that any job offer I receive may be conditional on the satisfactory result of a post offer physical examination if this is required of all entering employees in the same job category. **You will not be denied employment solely because of a conviction record unless the offense is related to the job for which you have applied.*

EMPLOYMENT DESIRED:

POSITION	DATE YOU CAN START	SALARY DESIRED
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ARE YOU EMPLOYED NOW? <input type="checkbox"/> Yes <input type="checkbox"/> No	IF SO, MAY WE CONTACT YOUR EMPLOYER? <input type="checkbox"/> Yes <input type="checkbox"/> No
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EVER APPLIED TO THIS COMPANY BEFORE? <input type="checkbox"/> Yes <input type="checkbox"/> No	WHERE?	WHEN?
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EDUCATION:

LEVEL	NAME & LOCATION OF SCHOOL	NO. OF YEARS ATTENDED	DID YOU GRADUATE?	SUBJECTS STUDIED
GRAMMAR SCHOOL				
HIGH SCHOOL				
COLLEGE				
TRADE, BUSINESS OR CORRESPONDENCE SCHOOL				

The Age Discrimination in Employment Act of 1967 prohibits discrimination on the basis of age with respect to individuals who are at least 40 years of age.

GENERAL:

SUBJECTS OF SPECIAL STUDY OR RESEARCH WORK		
U.S. MILITARY OR RESERVE	BRANCH/RANK	PRESENT MEMBERSHIP IN NATIONAL GUARD OR RESERVE

FORMER EMPLOYERS: (LIST BELOW PREVIOUS EMPLOYERS STARTING WITH MOST RECENT)

DATE (MONTH/YEAR)	NAME & ADDRESS OF EMPLOYER	SALARY	POSITION	REASON FOR LEAVING
FROM TO				
FROM TO				
FROM TO				

REFERENCES: (GIVE THE NAMES OF THREE PERSONS NOT RELATED TO YOU WHOM YOU HAVE KNOWN AT LEAST ONE YEAR)

NAME	ADDRESS	BUSINESS	YEARS ACQUAINTED
NAME	ADDRESS	BUSINESS	YEARS ACQUAINTED
NAME	ADDRESS	BUSINESS	YEARS ACQUAINTED

EMERGENCY CONTACT:

NAME	ADDRESS	PHONE NO.
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I CERTIFY THAT THE FACTS CONTAINED IN THIS APPLICATION ARE TRUE AND COMPLETE TO THE BEST OF MY KNOWLEDGE AND UNDERSTAND THAT IF EMPLOYED; OMISSIONS OR FALSIFIED STATEMENTS ON THIS APPLICATION MAY RESULT IN DISMISSAL. I AUTHORIZE THE INVESTIGATION OF ALL STATEMENTS CONTAINED HEREIN AND THE REFERENCES LISTED ABOVE TO GIVE YOU ANY AND ALL INFORMATION CONCERNING MY PREVIOUS EMPLOYMENT AND ANY PERTINENT INFORMATION THEY MAY HAVE, PERSONAL OR OTHERWISE, AND RELEASE ALL PARTIES FROM ALL LIABILITY FOR ANY DAMAGE THAT MAY RESULT FROM FURNISHING SAME TO YOU.

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 AND SALARY, BE TERMINATED AT ANY TIME WITHOUT PRIOR NOTICE OR CAUSE.

SIGNATURE: _____ DATE: _____

..... DO NOT WRITE BELOW THIS LINE

INTERVIEWED BY: _____ DATE: _____

HIRED? ☐ YES ☐ NO POSITION: _____ DEPARTMENT: _____

SALARY/WAGE: _____ DATE REPORTING TO WORK: _____

APPROVED: 1. _____ 2. _____ 3. _____
EMPLOYMENT MANAGER DEPARTMENT HEAD GENERAL MANAGER

COASTAL WELDING SUPPLY, INC.

NOTICE, AUTHORIZATION AND RELEASE FOR THE PROCUREMENT OF A CONSUMER AND/OR INVESTIGATIVE CONSUMER REPORT

I, the undersigned consumer, do hereby authorize Coastal Welding Supply, Inc., by and through its independent contractor, KROLL BACKGROUND AMERICA, INC. ("KBA"), to procure a consumer report and/or investigative consumer report on me. I understand that this authorization and release shall be valid for subsequent consumer and/or investigative consumer reports during my period of employment with Coastal Welding Supply, Inc. for the purpose of investigating any incidents of workplace misconduct or criminal activity for which I am alleged to have been involved during my employment.

These above-mentioned reports may include, but are not limited to, information as to my character, general reputation and personal characteristics, discerned through employment and education verifications, personal references, personal interviews, my personal credit history based on reports from any credit bureau, my driving history, including any traffic citations, a social security number verification, present and former addresses, criminal and civil history/records, or any other public record.

I further authorize any person, business entity or governmental agency which may have information relevant to the above to disclose the same to Coastal Welding Supply, Inc., by and through KBA, including, but not limited to any and all courts, public agencies, law enforcement agencies and credit bureaus, regardless of whether such person, business entity or governmental agency compiled the information itself, or received it from other sources.

I understand that I am entitled to a complete and accurate disclosure of the nature and scope of any investigative consumer report of which I am the subject upon my written request to KBA, if such is made within a reasonable time after the date hereof. I also understand that I may receive a written summary of my rights under 15 U.S.C. 1681 ct. sec.

Signature _____

Date _____

IDENTIFYING INFORMATION FOR CONSUMER REPORTING AGENCY

Printed Name _____
First Middle Last

Other Names Used (alias, maiden, nickname) _____

Year(s) Used _____

Current Address _____
Street/P.O. Box City State Zip Code County Dates

Former Address _____
Street/P.O. Box City State Zip Code County Dates

Social Security No. _____ Daytime Phone No. _____

Driver License No. _____ State of Issuance _____

Date of Birth _____ Gender _____

This information will enable us to properly identify you in the event we find adverse information during the course of our background search.

STANDARD MATH EXAM

ADDITION:

\$125.50
55.60
23.80
199.35

\$58.90
28.57
3.89
.53

837087
38399
248030
4558193

\$4.25
76.88
38.77
55.79

\$22.25
1.30
100.89
.77

SUBTRACTION:

\$106.63
69.84

\$23.00
17.60

\$4.00
2.28

387982
45368

34898
3980

MULTIPLICATION:

283
x 72

15
x 37

\$50
x 18

\$7.50
x 2080

\$8.73
x 23

DIVISION:

$$56 \div 4 = \underline{\hspace{2cm}}$$

$$334 \div 120 = \underline{\hspace{2cm}}$$

$$3588 \div 78 = \underline{\hspace{2cm}}$$

ADD THE FOLLOWING FRACTIONS:

$$1/5 + 1/10 + 2/3 = \underline{\hspace{2cm}}$$

$$78 \frac{1}{4} + 22 \frac{1}{4} = \underline{\hspace{2cm}}$$