

# APPLICATION FOR EMPLOYMENT

(Please Print)

Position Desired \_\_\_\_\_ Date \_\_\_\_\_

How did you learn about us?

Advertisement  Friend  Walk-In  Relative  Other \_\_\_\_\_

Name (Last) \_\_\_\_\_ (First) \_\_\_\_\_ (Middle) \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Telephone Number(s) \_\_\_\_\_ Social Security Number \_\_\_\_\_

Are you over 18 years of age?  Yes  No

If you are under 18 years of age, can you provide proof of your eligibility to work?  
 Yes  No

Have you ever filed an application with us before?  Yes  No

Are you physically or otherwise unable to perform the duties of the job for which you are applying?  Yes  No

If yes, please describe \_\_\_\_\_

Are you currently employed?  Yes  No

May we contact your present employer?  Yes  No

Are you prevented from lawfully becoming employed in this country because of Visa or Immigration Status?  Yes  No

*Proof of citizenship or immigration status will be required upon employment.*

On what date would you be available for work? \_\_\_\_\_

Availability:  Full Time  Part Time  Shift Work  Temporary

Can you travel if a job requires it?  Yes  No

For purposes of employment with **Cato Construction Company**, "convictions" include sentenced to confinement, paid fine, time served, placed on probation (including deferred adjudication) and court-ordered restitution.

Have you ever been convicted or pled guilty or no contest to a felony offense?

Yes  No\*

If yes, please explain.

City/State \_\_\_\_\_ Charge \_\_\_\_\_

Please explain \_\_\_\_\_

\*Conviction of a felony will not necessarily bar you from employment.

**FELONY CONVICTION**

I \_\_\_\_\_ agree to immediately notify **Cato Construction Company**, if I am convicted of, receive deferred adjudication in, or otherwise plead guilty or no contest to a felony, or any crime involving dishonesty or a breach of trust, while my application is pending or during my period of employment, if hired.

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date

**EDUCATION**

Circle the highest grade completed in school:

1    2    3    4    5    6    7    8    9    10    11    12    13    14    15    16

Name and address of last school attended: \_\_\_\_\_  
\_\_\_\_\_

Vocational or Business schools attended: \_\_\_\_\_  
\_\_\_\_\_

List names of friends or relatives now employed by **Cato Construction Company**.:  
\_\_\_\_\_  
\_\_\_\_\_

**Person to contact in case of an emergency:**

This information is to facilitate contact in the event of an emergency and is not used in the selection process.

\_\_\_\_\_  
Full Name \_\_\_\_\_  
Phone

\_\_\_\_\_  
Address

\_\_\_\_\_  
Their place of employment \_\_\_\_\_  
Phone

\_\_\_\_\_  
Address

\_\_\_\_\_  
Relationship to you

**WE ARE AN EQUAL OPPORTUNITY EMPLOYER**

**EMPLOYMENT RECORDS**

Start with your present or last job. Include any job-related military service assignments and volunteer activities. You may exclude organizations which indicate race, color, religion, national origin, handicap or other protected status.

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**CURRENT OR MOST RECENT EMPLOYER:**

Name \_\_\_\_\_ Phone \_\_\_\_\_

Address \_\_\_\_\_

Positions/Duties: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

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

Reason for leaving \_\_\_\_\_

DATES EMPLOYED	
From	To
HOURLY RATE/SALARY	
Beginning	Ending

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**NEXT PREVIOUS EMPLOYER:**

Name \_\_\_\_\_ Phone \_\_\_\_\_

Address \_\_\_\_\_

Positions/Duties: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

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

Reason for leaving \_\_\_\_\_

DATES EMPLOYED	
From	To
HOURLY RATE/SALARY	
Beginning	Ending

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**NEXT PREVIOUS EMPLOYER:**

Name \_\_\_\_\_ Phone \_\_\_\_\_

Address \_\_\_\_\_

Positions/Duties: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

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

Reason for leaving \_\_\_\_\_

DATES EMPLOYED	
From	To
HOURLY RATE/SALARY	
Beginning	Ending

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Use this space to give us other information about your personal skills or qualities, work style, interpersonal ability or communication skills which would further qualify you for this job.

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SKILLS ASSESSMENT

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Below is a listing of skills as it relates to positions available with our company. Check off all skills that relate to your experience in past jobs. When a skill is checked, also place the years and months of experience in the space provided as well as a rating of your skill level. Rate your skill level from 1-10, one being the least skilled in a particular item and 10 being an expert.

**Shop / Field Skills - Related to Steel**

- Fabrication \_\_\_\_\_ Years \_\_\_\_\_ Months Skill Level\_\_\_\_\_
- Heavy Fabrication \_\_\_\_\_ Years \_\_\_\_\_ Months Skill Level\_\_\_\_\_
- Custom Fabrication \_\_\_\_\_ Years \_\_\_\_\_ Months Skill Level\_\_\_\_\_
- Welding \_\_\_\_\_ Years \_\_\_\_\_ Months Skill Level\_\_\_\_\_
- Layout \_\_\_\_\_ Years \_\_\_\_\_ Months Skill Level\_\_\_\_\_
- Fit Up \_\_\_\_\_ Years \_\_\_\_\_ Months Skill Level\_\_\_\_\_
- Weld Out \_\_\_\_\_ Years \_\_\_\_\_ Months Skill Level\_\_\_\_\_
- Steel Erection \_\_\_\_\_ Years \_\_\_\_\_ Months Skill Level\_\_\_\_\_

**Equipment Skills**

- CDL: Class \_\_\_\_\_ \_\_\_\_\_ Years \_\_\_\_\_ Months Skill Level\_\_\_\_\_
- CNC Plasma Cutter \_\_\_\_\_ Years \_\_\_\_\_ Months Skill Level\_\_\_\_\_
- Hydraulic Press Brake \_\_\_\_\_ Years \_\_\_\_\_ Months Skill Level\_\_\_\_\_
- Band Saw \_\_\_\_\_ Years \_\_\_\_\_ Months Skill Level\_\_\_\_\_
- Iron Worker (Punch & Shear) \_\_\_\_\_ Years \_\_\_\_\_ Months Skill Level\_\_\_\_\_
- Overhead Crane \_\_\_\_\_ Years \_\_\_\_\_ Months Skill Level\_\_\_\_\_
- Hydraulic Mobile Crane \_\_\_\_\_ Years \_\_\_\_\_ Months Skill Level\_\_\_\_\_
- Telescopic Forklift \_\_\_\_\_ Years \_\_\_\_\_ Months Skill Level\_\_\_\_\_

- Shop Forklift \_\_\_\_\_ Years \_\_\_\_\_ Months Skill Level\_\_\_\_\_
- Manual Plasma Cutting \_\_\_\_\_ Years \_\_\_\_\_ Months Skill Level\_\_\_\_\_
- Oxyacetylene Cutting Torch \_\_\_\_\_ Years \_\_\_\_\_ Months Skill Level\_\_\_\_\_
- Drill / Mill Machine \_\_\_\_\_ Years \_\_\_\_\_ Months Skill Level\_\_\_\_\_

**Management Skills**

- Foreman / Superintendent \_\_\_\_\_ Years \_\_\_\_\_ Months Skill Level\_\_\_\_\_
- Project Manager \_\_\_\_\_ Years \_\_\_\_\_ Months Skill Level\_\_\_\_\_
- Industrial Construction Management \_\_\_\_\_ Years \_\_\_\_\_ Months Skill Level\_\_\_\_\_
- Team Leader \_\_\_\_\_ Years \_\_\_\_\_ Months Skill Level\_\_\_\_\_

**Other Skills**

- AutoCAD Design \_\_\_\_\_ Years \_\_\_\_\_ Months Skill Level\_\_\_\_\_
- QAQC \_\_\_\_\_ Years \_\_\_\_\_ Months Skill Level\_\_\_\_\_
- Millwright Assembly \_\_\_\_\_ Years \_\_\_\_\_ Months Skill Level\_\_\_\_\_
- Millwright \_\_\_\_\_ Years \_\_\_\_\_ Months Skill Level\_\_\_\_\_
- Lifting & Rigging \_\_\_\_\_ Years \_\_\_\_\_ Months Skill Level\_\_\_\_\_
- Reading Blueprints / Drawings \_\_\_\_\_ Years \_\_\_\_\_ Months Skill Level\_\_\_\_\_
- Piping \_\_\_\_\_ Years \_\_\_\_\_ Months Skill Level\_\_\_\_\_
- Pneumatics \_\_\_\_\_ Years \_\_\_\_\_ Months Skill Level\_\_\_\_\_
- Hydraulics \_\_\_\_\_ Years \_\_\_\_\_ Months Skill Level\_\_\_\_\_

Complete the following information only if applying for a position that requires use of a vehicle while conducting company business. If hired, your information may be verified with a Motor Vehicle Report.

How many traffic violations have you had during the last two years? \_\_\_\_\_

Drivers License Number: \_\_\_\_\_, State \_\_\_\_\_

**REFERENCES**

Name only those persons who are familiar with your work capabilities. Do not list relatives.

\_\_\_\_\_  
Name \_\_\_\_\_ Phone \_\_\_\_\_

Address \_\_\_\_\_

Position \_\_\_\_\_ Years Known: \_\_\_\_\_

\_\_\_\_\_  
Name \_\_\_\_\_ Phone \_\_\_\_\_

Address \_\_\_\_\_

Position \_\_\_\_\_ Years Known: \_\_\_\_\_

\_\_\_\_\_  
Name \_\_\_\_\_ Phone \_\_\_\_\_

Address \_\_\_\_\_

Position \_\_\_\_\_ Years Known: \_\_\_\_\_

I certify that answers given herein are true and complete to the best of my knowledge. I authorize investigation of all statements contained in this application for employment as may be necessary in arriving at an employment decision.

This application for employment shall be considered active for a period of time not to exceed 180 days. Any applicant wishing to be considered for employment beyond this time period should inquire as to whether or not applications are accepted at that time.

I understand that I may be required to successfully complete a pre-employment physical examination conducted by a company-authorized physician and that I may be required to successfully complete a pre-employment drug screening after a job offer of employment has been made.

Signature of Applicant \_\_\_\_\_ Date \_\_\_\_\_