

Worldwide Labor Support of IL, Inc.

1416 Ingalls Avenue, Post Office Box 2067

Pascagoula, MS 39569-2067

(228) 762-3418 or (800) 748-1395

Fax: (228) 762-3428

APPLICATION FOR EMPLOYMENT

PERSONAL INFORMATION

Name _____

Address _____

City _____ State _____ Zip Code _____

Telephone _____ Cellular Telephone _____

E-Mail _____ Craft _____

Are you either a US Citizen or an Alien Authorized to Work in the United States? Yes No

EMPLOYMENT DESIRED:

Position applying for: _____ Years Experience _____

Ever worked for this company before? _____

When? _____ Where? _____

Referred By: _____

EDUCATION:	Name & Location of School	No of Years Attended	Subjects Studied
High School			
College			
Trade, Business or Correspondence School			

Have you had OSHA training? Yes No List Course _____

OSHA Card Current? Yes No Can you read Blue Prints? Yes No

Can you read Isometrics? Yes No

Welders/Ever tested using Ceramic Tape Backing? Yes No Where/When? _____

Special Skills/Certifications: _____

PREVIOUS EMPLOYMENT:

LIST BELOW LAST THREE EMPLOYERS, STARTING WITH LAST ONE FIRST. INCLUDE DETAILED INFORMATION ABOUT POSITION(S)/PROJECT INFORMATION.

Date Month/Year	Name, Address and Telephone Number of Employer	Position(s) Project Information	Reason for Leaving
From:			
To:			
	Phone #:		

Test(s) Taken
If any

Date Month/Year	Name, Address and Telephone Number of Employer	Position(s) Project Information	Reason for Leaving
From:			
To:			
	Phone #:		

Test(s) Taken
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Date Month/Year	Name, Address and Telephone Number of Employer	Position(s) Project Information	Reason for Leaving
From:			
To:			
	Phone #:		

Test(s) Taken
If any

"I certify that all the information submitted by me on this application is true and complete, and I understand that if any false information, omissions, or misrepresentations are discovered, my application may be rejected and, if I am employed, my employment may be terminated at any time.

In consideration of my employment, I agree to conform to the company's rules and regulations, and I agree that my employment and compensation can be terminated, with or without cause, and with or without notice, at anytime, at either my or the company's option. I also agree that the terms and conditions of my employment may be changed, with or without cause, and with or without notice, at anytime by the company.

Date: _____ Signature: _____