

BROOKS WELDING, INC.



215 SOUTH BRIGGS STREET
VALDOSTA, GA. 31601
PH: (229) 244-1010
FAX: (229) 242-2066

DATE OF APPLICATION: _____

1. NAME: _____ PHONE: _____

ADDRESS: _____

AGE: _____ DATE OF BIRTH: _____

2. PREVIOUS TYPE OF WORK: _____

3. HOW LONG EMPLOYED? _____

4. REASON FOR LEAVING PREVIOUS EMPLOYMENT: _____

5. DO YOU HAVE A VALID DRIVERS LICENSE? YES _____ NO _____

STATE: _____ DRIVERS LICENSE NUMBER: _____

6. POSITION APPLIED FOR: _____

7. ARE YOU RELATED TO ANYONE CURRENTLY OR PREVIOUSLY EMPLOYED AT
BROOKS WELDING? _____

EDUCATIONAL HISTORY:

1. HIGH SCHOOL ATTENDED: _____

2. DID YOU GRADUATE? _____ IF YES, WHEN? _____

3. COLLEGES / TECHNICAL SCHOOLS ATTENDED: _____

5. MAJOR FIELD OF STUDY: _____

6. DID YOU GRADUATE? _____ DIPLOMA / CERTIFICATE RECEIVED: _____

REFERENCES:

1. PERSONAL REFERENCE: _____ PHONE NO. _____

2. BUSINESS REFERENCE: _____ PHONE NO. _____

LOWEST HOURLY WAGE ACCEPTABLE: _____

OFFICE USE ONLY

COMMENTS: _____

ATTN: SUPERVISORS: YOU MUST REQUIRE AND CONSIDER A MOTOR VEHICLE REPORT BEFORE HIRING.



SHOP APPLICATION PAGE 2

1. CAN YOU:

- A. METALLIC ARC WELD (STICK) YES _____ NO _____
- B. OXY-ACETYLENE WELD YES _____ NO _____
- C. MIG WELD YES _____ NO _____
- D. TIG WELD YES _____ NO _____
- E. CUT WITH OXY-ACETYLENE YES _____ NO _____

2. HOW DO YOU CLASSIFY YOUR ABILITY TO READ BLUE PRINTS?

GOOD _____ FAIR _____ POOR _____ NOT AT ALL _____

- 3. HAVE YOU EVER BEEN CERTIFIED? YES _____ NO _____
- 4. ARE YOU PRESENTLY CERTIFIED? YES _____ NO _____
- 5. DO YOU HAVE ANY SHEET METAL EXPERIENCE? YES _____ NO _____
- 6. DO YOU HAVE ANY LAY-OUT EXPERIENCE? YES _____ NO _____
- 7. DO YOU HAVE ANY EXPERIENCE IN STEEL ERECTION? YES _____ NO _____
- 8. HOW WOULD YOU RATE YOURSELF ON CLIMBING STEEL?

GOOD _____ FAIR _____ POOR _____ NOT AT ALL _____

9. HAVE YOU EVER SUPERVISED A JOB? YES _____ NO _____

IF YES, EXPLAIN: _____

10. HAVE YOU EVER WORKED IN A JOB SHOP? YES _____ NO _____

11. NAME THE TYPES OF JOB SHOP EQUIPMENT YOU HAVE OPERATED: _____

2. DO YOU HAVE ANY EXPERIENCE WITH HEAVY EQUIPMENT? YES _____ NO _____

3. HAVE YOU EVER WORKED AT BROOKS WELDING BEFORE? YES _____ NO _____

IF YES, WHEN? _____ HOW LONG? _____

WHY DID YOU LEAVE? _____

4. DO YOU HAVE ANY MEDICAL CONDITION WHICH WOULD HINDER YOUR JOB PERFORMANCE? YES _____ NO _____

IF YES, PLEASE EXPLAIN: _____

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SHOP APPLICATION PAGE 3

PREVIOUS EMPLOYER: _____

EMPLOYERS' ADDRESS: _____

PHONE: _____ STARTING WAGE: _____ ENDING WAGE: _____

DATES EMPLOYED: FROM: _____ TO: _____

DUTIES PERFORMED: _____

REASON FOR LEAVING: _____

PREVIOUS EMPLOYER: _____

EMPLOYERS' ADDRESS: _____

PHONE: _____ STARTING WAGE: _____ ENDING WAGE: _____

DATES EMPLOYED: FROM: _____ TO: _____

DUTIES PERFORMED: _____

REASON FOR LEAVING: _____

PREVIOUS EMPLOYER: _____

EMPLOYERS' ADDRESS: _____

PHONE: _____ STARTING WAGE: _____ ENDING WAGE: _____

DATES EMPLOYED: FROM: _____ TO: _____

DUTIES PERFORMED: _____

REASON FOR LEAVING: _____

PREVIOUS EMPLOYER: _____

EMPLOYERS' ADDRESS: _____

PHONE: _____ STARTING WAGE: _____ ENDING WAGE: _____

DATES EMPLOYED: FROM: _____ TO: _____

DUTIES PERFORMED: _____

REASON FOR LEAVING: _____

***PLEASE USE THE BACK IF ADDITIONAL SPACE IS NEEDED. PLEASE ATTACH RESUME - IF AVAILABLE. WE WILL ALSO NEED TO MAKE A COPY OF YOUR DRIVERS LICENSE AND SOCIAL SECURITY CARD. PLEASE GIVE THESE TO THE RECEPTIONIST. EMPLOYMENT IS DEPENDENT UPON ACCEPTANCE OF MOTOR VEHICLE REPORT AND DRUG SCREENING.



In order to verify your employment history and qualifications, we will contact your previous employers and references listed on this application unless otherwise requested.

Please indicate your consent by signing below.

Signature: _____ Date: _____

Comments: _____

BROOKS WELDING INCORPORATED

STEEL FABRICATION & ERECTION ALL TYPES OF WELDING FULL MACHINE SHOP

HEAVY EQUIPMENT HAULING – CRANE SERVICE UP TO 90 TON – CAPACITY 230 FEET BOOM