



**APPLICATION FOR EMPLOYMENT
WELDING TECHNOLOGY CORP**

I. PERSONAL INFORMATION (Please print clearly.)

NAME (Last name first)		SOCIAL SECURITY NO. XXX - XX - _____	TODAY'S DATE	
PRESENT ADDRESS	APT. NO.	CITY	STATE	ZIP
E-MAIL ADDRESS				
ARE YOU 18 YEARS OR OLDER? Yes <input type="checkbox"/> No <input type="checkbox"/>		PHONE	ARE YOU EITHER A U.S. CITIZEN OR AN ALIEN AUTHORIZED TO WORK IN THE U.S.? Yes <input type="checkbox"/> No <input type="checkbox"/>	
HAVE YOU EVER BEEN CONVICTED OF A FELONY? Yes <input type="checkbox"/> No <input type="checkbox"/>		IF YES, EXPLAIN:		

II. DESIRED EMPLOYMENT

POSITION INTERESTED IN:		DATE YOU CAN START	SALARY DESIRED	
KIND OF WORK SOUGHT? Full-time <input type="checkbox"/> Part-time <input type="checkbox"/> Other <input type="checkbox"/>		IF PART-TIME, PLEASE SPECIFY HOURS AND DAYS DESIRED.		
ARE YOU EMPLOYED NOW? Yes <input type="checkbox"/> No <input type="checkbox"/>		IF SO, MAY WE INQUIRE OF YOUR PRESENT EMPLOYER? Yes <input type="checkbox"/> No <input type="checkbox"/>		
EVER APPLIED TO THIS COMPANY BEFORE? Yes <input type="checkbox"/> No <input type="checkbox"/>	WHERE?	WHEN?	IF SO, UNDER WHAT NAME?	
EVER WORKED FOR THIS COMPANY BEFORE? Yes <input type="checkbox"/> No <input type="checkbox"/>	WHERE?	WHEN?	IF SO, UNDER WHAT NAME?	
REASON FOR LEAVING				
NAME OF LAST SUPERVISOR AT THIS FIRM				
CAN YOU WORK REGULARLY? DAYS <input type="checkbox"/> NIGHTS <input type="checkbox"/> WEEKENDS <input type="checkbox"/> HOLIDAYS <input type="checkbox"/>		DO YOU HAVE DEPENDABLE TRANSPORTATION? Yes <input type="checkbox"/> No <input type="checkbox"/>		
WHO REFERRED YOU TO US? <input type="checkbox"/> EMPLOYMENT AGENCY <input type="checkbox"/> COLLEGE PLACEMENT SERVICE <input type="checkbox"/> FRIEND <input type="checkbox"/> WALK-IN <input type="checkbox"/> STATE EMPLOYMENT OFFICE <input type="checkbox"/> ONLINE JOB DATABASE (Specify): _____ <input type="checkbox"/> WTC Team Member (Specify): _____ <input type="checkbox"/> OTHER (Specify): _____				

III. EDUCATION

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



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IV. GENERAL

SUBJECTS OF SPECIAL STUDY OR RESEARCH WORK
SPECIAL TRAINING
SPECIAL SKILLS

V. FORMER EMPLOYERS *(List below employers for the last five years starting with the most recent one first.)*

NAME OF PRESENT OR LAST EMPLOYER:		
ADDRESS	CITY	STATE
ZIP		
STARTING DATE	LEAVING DATE	JOB TITLE
WEEKLY STARTING SALARY	WEEKLY FINAL SALARY	MAY WE CONTACT YOUR SUPERVISOR? <input type="checkbox"/> Yes <input type="checkbox"/> No
NAME OF SUPERVISOR	TITLE	PHONE
DESCRIPTION OF WORK		
REASON FOR LEAVING		
NAME OF PREVIOUS EMPLOYER:		
ADDRESS	CITY	STATE
ZIP		
STARTING DATE	LEAVING DATE	JOB TITLE
WEEKLY STARTING SALARY	WEEKLY FINAL SALARY	MAY WE CONTACT YOUR SUPERVISOR? <input type="checkbox"/> Yes <input type="checkbox"/> No
NAME OF SUPERVISOR	TITLE	PHONE
DESCRIPTION OF WORK		
REASON FOR LEAVING		
NAME OF PREVIOUS EMPLOYER:		
ADDRESS	CITY	STATE
ZIP		
STARTING DATE	LEAVING DATE	JOB TITLE
WEEKLY STARTING SALARY	WEEKLY FINAL SALARY	MAY WE CONTACT YOUR SUPERVISOR? <input type="checkbox"/> Yes <input type="checkbox"/> No
NAME OF SUPERVISOR	TITLE	PHONE
DESCRIPTION OF WORK		
REASON FOR LEAVING		



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VI. REFERENCES (Below, give the names of three persons you are not related to, whom you have known at least one year.)

Table with 4 columns: NAME, ADDRESS, PHONE, YEARS ACQUAINTED. Three empty rows for data entry.

Additional Inquiries Concerning Employment History

1. In order to permit a check of your work and education records, should we be made aware of any change of name or assumed name that you previously used? ____ If "yes" identify names and relevant dates.

2. Have you ever been dismissed or forced to resign from any employment? ____ If "yes" please explain.

3. Except for vacations and holidays, how many work days were you absent during the past calendar year? _____

4. During the past four years, did you receive any written reprimands or suspensions for alleged misconduct or poor performance? If so, please explain. _____

5. During the past four years, did you ever receive an evaluation or performance appraisal rating of less than satisfactory or its equivalent on any aspect of your job performance? If so, please explain. _____

VII. MILITARY SERVICE RECORD

Table with 2 columns: BRANCH OF SERVICE, DISCHARGE DATE / RANK; PRESENT MEMBERSHIP IN NATIONAL GUARD/RESERVES, DATE OBLIGATION ENDS.

VIII. ADDITIONAL INFORMATION

Table with 3 columns: DO YOU HAVE A VALID DRIVER'S LICENSE?, LICENSE NO., ISSUING STATE. Below is a large text area for listing professional, trade, business or civic activities and offices held, excluding groups that indicate race, color, religion, sex, national origin, handicap, marital or veteran status.



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STATE ANY ADDITIONAL INFORMATION THAT YOU FEEL MAY BE HELPFUL TO US IN CONSIDERING YOUR APPLICATION.
NAME AND ADDRESS OF PERSON TO BE NOTIFIED IN THE EVENT OF ACCIDENT OR EMERGENCY.

IX. DISABILITY ACCOMMODATION

Have you reviewed the job description of the position for which you are applying? Yes No. If so, can you perform any or all of the job functions contained in the job description with or without reasonable accommodation? Yes No.

X. NOTICE OF RIGHTS FOR DISABLED PERSONS

If you have a physical, mental or other impairment which would interfere with your ability to perform in a position but which may be accommodated by, for instance, the purchase of equipment or devices, the provision of readers or interpreters or the restructuring or altering of work schedules, the Michigan Persons With Disabilities Civil Rights Act requires that you notify the Company in writing of your need for accommodation within One Hundred Eighty-Two (182) days after you become aware or should reasonably have known that the accommodation was needed. All written requests for accommodation must be submitted to the President of the Company.

XI. NOTICE OF MEDICAL EXAMINATION

Any offer of employment is conditioned upon your ability to pass a medical examination and appropriate tests including drug and alcohol tests prior to the commencement of employment.

XII. AUTHORIZATION

- 1. I certify that the facts contained in this application are true and complete to the best of my knowledge, information and belief and I understand that if I am employed, that falsified statements contained in this application shall be grounds for immediate dismissal.
2. I authorize Welding Technology Corp, a Michigan corporation (the "Company"), to investigate all statements contained herein and the references listed above and to conduct, order and acquire any background information regarding me which the Company deems to be appropriate including, but not limited to, credit histories, criminal records, driving records, educational records, medical records, drug tests and all employment records including any and all disciplinary reports, letters of reprimand or other disciplinary action contained in my record with any employer or former employer (the "Background Information"). I understand and agree that the Background Information is of material importance to the Company and that the Company may refuse to hire me based on the content of the Background Information in the sole and absolute discretion of the Company and may re-verify such information at any time during my employment. I hereby request that all references listed herein or the custodians of the Background Information give all information concerning my previous employment and/or pertinent information they may have, personal or otherwise to the Company and I hereby consent to the release of such Background Information and release all such parties from all liability for any damage that may result from the furnishing of same to the Company. I consent to the disclosure and use of the Background Information by the Company and its retained professionals. I hereby waive my rights under the "Employee Right to Know Act," Act No. 397, Michigan Public Acts of 1975, to written notice of any disciplinary information disclosed by the aforementioned employer or former employer pursuant to this authorization.
3. I understand and agree that if employed, my employment with the Company is "At Will" and may be terminated, by the Company or by me, at any time, with or without prior notice, and for any reason whatsoever or for no reason, with or without cause and that the nature of my employment cannot be modified except in writing signed by the President of the Company.
4. I understand and agree that I may be required to take a physical examination or submit to a drug test as a condition of employment or continued employment, if hired. I agree to and consent to take such test(s) at such time as designated by the Company and release the Company, its directors, officers, members, partners, shareholders, agents, retained professionals, insurers or employees from any claim arising in connection with the use of such tests or disclosure of the results thereof.
5. I understand and acknowledge that, except for the provisions of Paragraph XII(6) below, the policies of the Company may be changed unilaterally by the Company at any time without any notice to me. If employed, I hereby agree to comply with all rules, regulations and the policies established by the Company for its employees including such new or revised rules, regulations and policies as may be subsequently established. I understand the Company from time to time may make unilateral changes in its rules, regulations and personnel practices and policies that will affect me and that my employment may be subject to unilateral adjustments in compensation, fringe benefits and other terms and conditions of employment including layoffs and terminations.
6. I understand and agree that in the event that a dispute arises concerning my employment with and/or termination from the Company the sole and exclusive method for resolving any and all disputes arising out of my employment or termination from the Company or in any way related to any alleged wrongful acts on the part of the Company, its affiliates, directors, shareholders, agents, members, partners, employees relating to my employment, including but not limited to claims of breach of contract, wrongful discharge, retaliatory discharge claims, tort claims, invasion of privacy, slander, defamation, and/or any statutory claim including but not limited to discrimination under Title VII of the Federal Civil Rights Act, Age Discrimination in Employment Act, Americans With Disabilities Act, National Labor Relations Act, Fair Labor Standards Act, Family Medical Leave Act, Michigan Persons With Disabilities Act, Whistle Blowers Protection Act, Bullard-Plawecki Employee Right to Know Act and the Michigan Elliot-Larsen Civil Rights Act shall be through the procedures and policies of the American Arbitration Association.



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Employee acknowledges and agrees that Employee is waiving his or her right to adjudicate any claim under this Agreement before any federal or state court or agency. Employee shall not bring, and expressly waives his or her right to bring any action or claim under this Agreement as a member of any purported class or representative proceeding. This Agreement applies to all claims whether employee becomes employed by the Company, whether brought during Employee's employment with the Company or at any time after termination of employment with the Company. Venue for any such hearing shall be Oakland County, Michigan. The parties hereby agree that the determination of the arbitrator shall be binding and final upon all parties. The award of the arbitrator may be filed with the Clerk of the Circuit Court for the County of Oakland, Michigan and judgment may be rendered by the Court upon the arbitration award and execution may be issued upon the judgment. The cost for arbitration shall be split equally between myself and the Company, notwithstanding anything to the contrary in the employment rules of the American Arbitration Association or otherwise. The arbitrator shall not have the power to change, modify or otherwise alter the "At Will" nature of the employment relationship and the arbitrator's written determination shall be based solely upon the "At Will" nature of such employment relationship. In any proceeding under this Agreement, the parties shall have the right to representation by counsel at all steps of the procedure and reasonable discovery, including, but not limited to, interrogatories, document requests, depositions and subpoenas in accordance with Michigan State court rules. The parties may mutually agree that the arbitration therein be stenographically recorded, provided that each party shall equally share the cost of creating and printing the record.

7. I agree that any arbitration or judicial proceeding arising out of a dispute relative to my employment with the Company shall not be brought unless the same is commenced within One Hundred and Eighty (180) days following the incident giving rise to such dispute. My failure to commence such proceeding within the One Hundred and Eighty (180) day period shall result in the extinguishment of any rights I may have to prosecute such claims or actions. If any term or provision contained in this Agreement is construed or held to be invalid, void or unenforceable by a court of confident jurisdiction for any reason whatsoever, such term or provision shall be construed and enforced consistent with state or federal laws to render such provision and the remainder of this Agreement enforceable. Such ruling shall not affect the validity of the remainder of this Agreement.

8. I agree that if I should bring any action or claim arising out of my employment against the Company in which the Company prevails, I will pay the Company any and all such costs incurred by the Company in defense of such claim or action, including attorney fees, court costs, arbitration fees and all other costs associated with such action.

9. I hereby authorize the Company to deduct from my wages any sums loaned, advanced or paid on my behalf by the Company. I consent to such deduction freely and fully with the understanding that such deductions may substantially reduce a particular pay check.

10. Employee acknowledges and agrees that he or she has reviewed and entered into this Agreement knowingly and voluntarily as a condition of employment and/or continued employment with the Company. This Agreement can only be changed or revoked by written agreement signed by both the employee and the President of the Company.

****PLEASE READ THE ABOVE CAREFULLY BEFORE SIGNING. YOUR SIGNATURE INDICATES THAT YOU EXPRESSLY AGREE WITH ALL OF THE FOREGOING.**

APPLICANT SIGNATURE:

Dated: _____

* _____

***PLEASE PRINT YOUR NAME BELOW THE SIGNATURE BLOCK**



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AUTHORIZATION FOR
INVESTIGATIVE CONSUMER REPORT(S)
AND/OR CONSUMER REPORT(S)
PURSUANT TO FAIR CREDIT REPORTING ACT

I, _____, [insert your name], authorize Welding Technology Corp., a Michigan corporation (the "Company"), and its third-party designee(s), to investigate all statements contained on the employment application completed by me, to investigate the references listed on said employment application, and to conduct, order and acquire any background information before, during or after my employment with the Company, including consumer report(s) (a written, oral, or other communication by a "consumer reporting agency") or otherwise bearing on my creditworthiness, character, general reputation, personal characteristics, or mode of living used for the purposes of making employment decisions, or investigating employment incidents, including interviews or investigative consumer report(s) obtained through personal interviews with friends, neighbors, associates, etc., regarding me which the Company deems to be appropriate including, but not limited to, credit histories, criminal records, motor vehicle reports or driving records, investigative consumer reports, reference checks, workers' compensation history reports, educational records and all employment records, including any and all disciplinary reports, letters of reprimand or other disciplinary action contained in my record with any employer or former employer (the "Background Information"). I understand that in the event the Company or its third-party designee(s) obtains one or more investigative consumer reports that I have the right to request in writing from the Company, within a reasonable amount of time, a complete disclosure of the nature and scope of the investigation. I understand and agree that the Background Information is of material importance to the Company and that if I have given any false information, whether it be on said employment application, or otherwise, or I have omitted any material facts under any circumstances, I may be disqualified from employment with the Company, or if hired, I may be discharged immediately upon discovery of such false statements or omissions, regardless of how much time has passed between the date of my hire and the discovery of such misrepresentations, in the sole and absolute discretion of the Company.

I hereby request that all references listed on my employment application, or the custodians of the Background Information, give all information concerning my previous employment and/or pertinent information they may have, personal or otherwise, to the Company and I hereby consent to the release of such Background Information and release all such parties from all liability for any damage that may result from the furnishing of same to the Company. I hereby waive my rights under the "Bullard-Plawecki Employee Right to Know Act", Act No. 397, Michigan Public Acts of 1975, to written notice of any disciplinary information disclosed by the aforementioned employer or former employer pursuant to this authorization.

I understand and agree that the Company may have a third party prepare a background report for the Company.

This authorization shall remain on file and shall serve as an ongoing authorization for procurement of consumer reports.

Dated: _____

Signature

Printed Name

XXX - XX-_____
Social Security Number

Driver's License Number