



**PORTABLE WELDING**  
- L.A. CERTIFIED - STRUCTURAL - REBAR  
- LIGHT GAUGE - PIPE - MISCELLANEOUS IRON

1431 South Gage Street • San Bernardino, CA 92408 • Phone (909)799-0005 • Fax (909) 799-0009

**Application for Employment**

Position your applying for: \_\_\_\_\_ Desired Salary \_\_\_\_\_

Position your applying for: \_\_\_\_\_ Desired Salary \_\_\_\_\_

Date Available for work \_\_\_\_\_

**Personal Information**

Last Name \_\_\_\_\_ First Name \_\_\_\_\_ Middle \_\_\_\_\_  
Address \_\_\_\_\_ City / State \_\_\_\_\_ Zip Code \_\_\_\_\_  
Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_ email \_\_\_\_\_

If selected for employment are you willing to submit to a pre-employment drug screening test?  yes  No

**Education**

School Name Location years Attended Degree Received Major

**Employment**

Employer: \_\_\_\_\_ Date Employed \_\_\_\_\_ Address, City, State, Zip Code \_\_\_\_\_ Supervisor and Phone # \_\_\_\_\_  
work phone \_\_\_\_\_ \$ \_\_\_\_\_ Pay Rate \_\_\_\_\_ Position \_\_\_\_\_ Duties Perform \_\_\_\_\_

Reason for leaving \_\_\_\_\_ May we contact them ?  yes  No \* Additional employment info use 2nd page

**References (No Family)**

Name Title Company Phone #

**Acknowledgment**

I declare that all information is correct and true to the best of my knowledge. (Initials) \_\_\_\_\_  
Any false statements in this application or interview could result in discharge or termination of my position. (Initials) \_\_\_\_\_  
I authorize investigation of all statement in this application as it may be necessary for employment decision. (Initials) \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_

# J.O.N. STEEL

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Employment

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Employer \_\_\_\_\_ Dates Employed \_\_\_\_\_ Reason for Leaving \_\_\_\_\_

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Work phone \_\_\_\_\_ Paid Rate \_\_\_\_\_ Position \_\_\_\_\_

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Address, City, State, Zip Code \_\_\_\_\_ Supervisor, Phone # \_\_\_\_\_

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Duties performed \_\_\_\_\_ May we contact them:  Yes  No

Employment

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Employer \_\_\_\_\_ Dates Employed \_\_\_\_\_ Reason for Leaving \_\_\_\_\_

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Work phone \_\_\_\_\_ Paid Rate \_\_\_\_\_ Position \_\_\_\_\_

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Address, City, State, Zip Code \_\_\_\_\_ Supervisor, Phone # \_\_\_\_\_

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Duties performed \_\_\_\_\_ May we contact them:  Yes  No