



**APPLICATION FOR EMPLOYMENT**  
EQUAL OPPORTUNITY EMPLOYER

Last Name	First Name	Middle Name	Social Security Number
Street Address			Telephone Number
City	State	Zip Code	Cell Phone Number

**STATEMENT & AUTHORITY TO RELEASE INFORMATION**

**PLEASE READ THIS STATEMENT CAREFULLY BEFORE YOU COMPLETE THIS APPLICATION**

I understand that if I am employed, any misrepresentation or omission of material facts on this application is sufficient cause for dismissal. My continued employment will depend upon the successful performance of work assigned to me and upon the continued successful performance and the further need of my continued employment by the company. The company, in considering my application for employment, may verify the information set forth on this application and obtain additional information relating to my background. I authorize all persons, schools, companies, corporations, credit bureaus, law enforcement agencies, and doctors to supply any information concerning my background. I further agree to submit to alcohol and/or drug screening tests prior to employment.

Are you 18 years or older?	YES	NO	Are you either a U.S. Citizen or an alien authorized to work in the U.S.?	YES	NO
In Case of emergency, Notify:			Address	Phone	
Position			Date you can start	Salary desired	
Are you employed now?	YES	NO	Reason for seeking other employment:		
Ever applied to this company before?	YES	NO	If yes, when?		
Ever worked for this company before?	YES	NO	When?	What department?	

Names and Locations of Schools Attended	Did you graduate?	
	YES	NO
High School:		
College:		
Other (Name or Type):		

Describe any background experience, military service, education or training which you consider applicable to the position for which you are applying:

List relatives employed by Vulcan Threaded Products.

Have you ever been convicted of a felony or misdemeanor? YES NO

If your answer is yes, please explain. (Date, location, offense).

Who referred you to this Company?

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Give employment history as complete as possible, starting with your present or last employer. For unemployed or self-employed periods – show dates and location (insert an additional sheet, if necessary). If you have never been employed, list references in place of “Company Name,” and give their addresses and phone numbers.

Company Name	Address and Phone #	Month / Year	Rate of Pay	Title of Job Held	Reason For Leaving
				Name of Supervisor	
		From	Starting		
		To	Final		
		From	Starting		
		To	Final		
		From	Starting		
		To	Final		
		From	Starting		
		To	Final		
		From	Starting		
		To	Final		

Is there any reason you cannot regularly perform the duties of the job you are applying for?

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I understand that this application is good only for ninety (90) days from today’s date. If I still desire a position with the company after this application expires, it will be my duty to fill out a new application and file it with the company. Otherwise, the company will not consider me for employment after this application expires.

Date of Application

Signature as shown on Social Security Card

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