

Please fill out this section completely. Do not indicate "refer to resume." Please list all work experience, starting with your current or most recent employer. Resumes are accepted as supplemental information.

If additional information is attached, please check here.

EMPLOYMENT

Present Employer	May we contact this employer? Yes <input type="checkbox"/> No <input type="checkbox"/>
Address	Telephone ()
Employed (State Month and Year) From To	Name of Supervisor
Beginning Salary/Hourly Rate:	Final Salary/Hourly Rate:
Job Title & Duties	Reason for Leaving

Past Employer	May we contact this employer? Yes <input type="checkbox"/> No <input type="checkbox"/>
Address	Telephone ()
Employed (State Month and Year) From To	Name of Supervisor
Beginning Salary/Hourly Rate:	Final Salary/Hourly Rate:
Job Title & Duties	Reason for Leaving

Past Employer	May we contact this employer? Yes <input type="checkbox"/> No <input type="checkbox"/>
Address	Telephone ()
Employed (State Month and Year) From To	Name of Supervisor
Beginning Salary/Hourly Rate:	Final Salary/Hourly Rate:
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Job Title & Duties	Reason for Leaving



HUFFMAN
WELDING & MACHINE, INC.

Corporate Office
6224 Avenue O Phone 319-372-7232
Fort Madison, IA 52627 Fax 319-372-3469



TO WHOM IT MAY CONCERN:

I HEREBY AUTHORIZE YOUR OR YOUR DESIGNATE TO RELEASE INFORMATION CONCERNING ME, WHETHER ON RECORD OR NOT, TO HUFFMAN WELDING & MACHINE, INC. I ALSO RELEASE ANY INDIVIDUAL, PARTNERSHIP, OR CORPORATION AND THEIR OFFICERS, AGENTS AND EMPLOYEE FROM ANY LIABILITY FOR ANY DAMAGE WHAT-SO-EVER FOR ISSUING SUCH INFORMATION. A PHOTOSTATIC COPY OF THIS AUTHORIZATION IS CONSIDERED AS VALID AS THE ORIGINAL. I FURTHER WAIVE ANY RIGHT TO PERSONALLY REVIEW SUCH INFORMATION.

SIGNATURE OF WITNESS

SIGNATURE OF APPLICANT

DATE

REFERENCES: List three people not related to you whom you have known at least one year

(NOTE: These should be professional/work related references.)

Name:		Address:	
Telephone Number:	Work Relationship:	Years Known:	
Name:		Address:	
Telephone Number:	Work Relationship:	Years Known:	
Name:		Address:	
Telephone Number:	Work Relationship:	Years Known:	

Upon signing this application; I acknowledge that Huffman Welding & Machine, Inc. (the Company) relies on information provided by me for employment consideration. I understand that false information, misrepresentation, or concealment are grounds for my dismissal at any time during my employment. I understand my employment is conditional upon the Company obtaining information, including, but not limited to, my employment, education, credit, prior work, including my disciplinary record, general reputation, and character. I authorize the Company to obtain such information or verification from any source as required without any obligation to provide me with such written notice of such disclosure. I understand this serves as notice under the Federal Fair Credit Reporting Act that a consumer report to obtain such information may be procured. I hereby release the Company and all such sources from any liability as a result of such inquires and disclosures.

In considerations of my employment, I agree to conform to the rules and regulations of the Company. I understand and agree that my employment is for an indefinite period of time and that my employment and compensation can be terminated at will, with or without cause, and with or without notice, at any time, at the option of either the Company or myself. I further understand that the Company's policies and procedures are merely guidelines that are subject to change at the sole discretion of the Company and that they do not constitute contracts of employment. I understand that no representative of the Company other than the President of the Company has authority to enter into any agreement for employment for any specified period of time, or to make any agreement contrary to the foregoing. All agreements shall be expressly stated in writing directed to me personally and signed by the President of the Company.

I understand that Huffman Welding & Machine, Inc. has a commitment to maintain an alcohol/drug-free workplace and that Huffman Welding & Machine, Inc. unless prohibited by state law, may perform random drug screening test as part of its selection and hiring process. I understand that such drug screening will consist of the testing of a urine sample or other medically recognized test designed to detect traceable amounts of a controlled substance in my body. If it is determined my specimen contains a controlled substance or was altered or substituted, I will be disqualified from consideration for employment and any offer of employment will be withdrawn. I further understand and agree that if I am employed, I may be required to submit to drug-testing under certain circumstances during my employment.

I fully understand and accept all terms and conditions in the above statement.

SIGNATURE: _____ **DATE:** _____