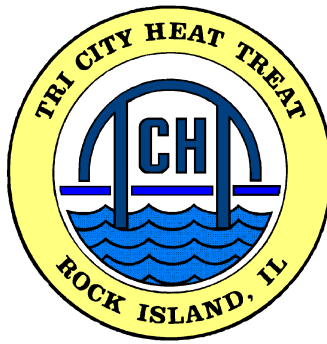


TRI CITY HEAT TREAT Co.  
2020 5<sup>th</sup> Street  
Rock Island IL 61201



Phone: 309-786-2689  
Fax: 309-786-2691

**EMPLOYMENT APPLICATION**

This company is an equal opportunity employer dedicated to nondiscrimination in employment. The company selects the best qualified individual for the job based on job related qualification regardless of race, age, color, religion, sex, national, origin, ancestry, marital status, sexual preference, disability or any other basis protected by applicable law

**PLEASE PRINT CLEARLY AND COMPLETE ALL INFORMATION REQUESTED**

LAST NAME: \_\_\_\_\_ MIDDLE INITIAL: \_\_\_\_\_ FIRST NAME: \_\_\_\_\_

PRESENT ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP CODE: \_\_\_\_\_

TELEPHONE: \_\_\_\_\_

Can you furnish proof that you are over 18 years of age?  Yes  No

Can you present evidence of your legal right to live and work in this country as required by law?  Yes  No

I am legally eligible to possess a firearm in my state of residence?  Yes  No

Are you able to satisfactorily perform the essential job duties required of the position for which you are applying, either with or without a reasonable accommodation?  Yes  No

Position Desired: \_\_\_\_\_ Available Start Date: \_\_\_\_\_ Salary Desired: \_\_\_\_\_

Are you available to work all three shifts?  Yes  No

Which shift do you prefer? 1<sup>st</sup> \_\_\_\_\_ 2<sup>nd</sup> \_\_\_\_\_ 3<sup>rd</sup> \_\_\_\_\_  
1<sup>st</sup> 7:00am-3:00pm      2<sup>nd</sup> 3:00pm-11:00pm      3<sup>rd</sup> 11:00pm-7:00am

Are you employed now?  Yes  No

If yes, may we contact employer?  Yes  No

Have you ever applied or worked for this company before?  Yes  No

If yes, please give the dates and details

\_\_\_\_\_

EDUCATION	NAME OF SCHOOL	CITY, STATE	NUMBER OF YEARS COMPLETE	DID YOU GRADUATE?	DEGREE EARNED
High School					
College					
Graduate School					

Have you served in the United States Armed Forces?  Yes  No Branch \_\_\_\_\_ Rank \_\_\_\_\_

Additional training, skill, experience, and special achievements relevant to position:

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Do you have a valid driver's license?  Yes  No

Do you have adequate transportation to and from work?  Yes  No

Do you have friend or relatives who work for this company?  Yes  No

If yes, who? \_\_\_\_\_

Referred By: \_\_\_\_\_

Please list present past employers beginning with the most recent. Attach additional sheets as needed.

START/END DATE	NAME/ADDRESS/PHONE	POSITION	PAY	REASON FOR LEAVING

Have you ever been terminated or asked to resign from any job?  Yes  No

If yes please, explain circumstances

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Please explain any gaps in your employment history.

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How many days of work have you missed in the last three years due to reasons other than paid holidays and vacations?

0-10    10-30    30+days

Please list three personal references who know you well but who are not relatives:

NAME	ADDRESS	PHONE NUMBER

**In case of emergency (Who would you like us to call?)**

**Name:** \_\_\_\_\_

**Phone:** \_\_\_\_\_

**TRI CITY HEAT TREAT Co. will conduct pre-employment drug tests of all prospective new employees. Successfully passing the test will be a prerequisite for employment. A positive test, a diluted test or the prospective employee's refusal to submit to a test will result in the individual not being hired as he or she will be found not qualified for employment with the Company.**

This application will be considered active for a maximum of ONE YEAR. If you wish to be considered for employment after that time, you must reapply.

**I CERTIFY THAT ALL OF THE INFORMATION THAT I HAVE PROVIDED ON THIS APPLICATION IS TRUE AND ACCURATE.**

\_\_\_\_\_  
(Signature of Applicant) Date \_\_\_\_\_