



COOPER CONTRACTING APPLICATION FOR EMPLOYMENT

An Equal Opportunity Employer - All qualified applicants will receive consideration for employment without regard to race, color, religion, sex, national origin, disability status, protected veteran status, or any other characteristic protected by law.

PERSONAL INFORMATION

Incomplete information could disqualify you from further consideration. Please complete all fields.

Name _____ Date _____

Address _____

E-mail Address _____ Phone # _____

Are you eligible to work in the U.S? Yes No

Are you at least 18 years or older? (If no, you may be required to provide authorization to work.) Yes No

What languages do you speak or write fluently? _____

Have you ever been terminated from employment or asked to resign by an employer? Yes No

If yes, please provide company names and details _____

Are you a commercially licensed driver (CDL)? Yes No If yes, which class? A B

Do you have vertical & overhead welding experience? Yes No If yes, how many years? _____

Are you able to perform the essential functions of the job for which you are applying, with or without a reasonable accommodation? Yes No

EMPLOYMENT DESIRED

Date you can start _____ Hourly Rate/Salary desired _____

Position desired _____

Are you currently employed? If so may we inquire of your present employer? _____

REFERRAL SOURCE

How did you hear about us? Walk In Advertisement Referral Other

Have you ever worked for this company before? Yes No Explain _____

Do you know anyone who works for our company? Yes No If yes, who? _____

EMPLOYMENT HISTORY Include your last seven (7) years of employment history, including periods of unemployment, starting with the most recent and working backwards in time. *Incomplete information could disqualify you from further consideration.*

From	To	Employer	Telephone #
Address		Supervisor	
Reason for leaving			
Summarize job responsibilities			

From	To	Employer Name	Telephone #
Address		Supervisor	
Reason for leaving			
Summarize job responsibilities			

From	To	Employer	Telephone #
Address		Supervisor	
Reason for leaving			
Summarize job responsibilities			

From	To	Employer Name	Telephone #
Address		Supervisor	
Reason for leaving			
Summarize job responsibilities			

Do you have any special skills, experience and/or training that would enhance your ability to perform the position applied for? If yes, explain.

EDUCATION	Name and location of school	No. of yrs. Attended	Degree Received	Subjects studied/Major
High School				
College or University				
Trade, Business or Correspondence School				

REFERENCES Give the names of three persons not related to you, whom you have known at least three (3) years.

Name	Address, Phone, Email	Company	Years Acquainted
1			
2			
3			

Please read carefully before signing.

Cooper Rail Service, Inc. is an equal opportunity employer. Cooper Rail Service, Inc. does not discriminate in employment on account of race, color, religion, national origin, citizenship status, ancestry, age, sex (including sexual harassment), sexual orientation, marital status, physical or mental disability, military status or unfavorable discharge from military service.

I understand that neither the completion of this application nor any other part of my consideration for employment establishes any obligation for Cooper Rail Service, Inc. to hire me. If I am hired, I understand that either Cooper Rail Service, Inc. or I can terminate my employment at any time and for any reason, with or without cause and without prior notice. I understand that no representative of Cooper Rail Service, Inc. has the authority to make any assurance to the contrary.

I attest with my signature below that I have given to Cooper Rail Service, Inc. true and complete information on this application. No requested information has been concealed. I authorize Cooper Rail Service, Inc. to contact references provided for employment reference checks. If any information I have provided is untrue, or if I have concealed material information, I understand that this will constitute cause for the denial of employment or immediate dismissal.

Date _____ Signature _____

THIS APPLICATION IS VALID ONLY FOR 60 DAYS FROM THE DATE SIGNED/DATED ABOVE.