

# APPLICATION FOR EMPLOYMENT

2114 Claremont Ave NE  
Albuquerque, NM 87107  
(505)341-2900  
www.pascettisteel.com



**PASCETTI STEEL DESIGN, INC.**

## **YOUR INFORMATION**

DATE: \_\_\_\_\_

FULL NAME: \_\_\_\_\_

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

CITY, STATE, ZIP: \_\_\_\_\_

PHONE #: \_\_\_\_ (\_\_\_\_) \_\_\_\_\_

EMAIL: \_\_\_\_\_

DATE OF BIRTH: \_\_\_\_\_

SOCIAL SECURITY #: \_\_\_\_\_

DATE AVAILABLE FOR EMPLOYMENT: \_\_\_\_\_

## **PLEASE CHECK ☒ YES OR NO BELOW**

• ARE YOU CURRENTLY EMPLOYED? \_\_\_\_\_ → ☐ YES ☐ NO

• ARE YOU UNDER 18 YEARS OLD? \_\_\_\_\_ → ☐ YES ☐ NO

• IF UNDER 18, CAN YOU PROVIDE A WORK PERMIT? \_\_\_\_\_ → ☐ YES ☐ NO

• HAVE YOU EVER BEEN EMPLOYED BY PASCETTI STEEL? \_\_\_\_\_ → ☐ YES ☐ NO

• MAY WE CONTACT YOUR PRESENT EMPLOYER? \_\_\_\_\_ → ☐ YES ☐ NO

• WHAT IS YOUR CURRENT EMPLOYER'S CONTACT INFO? \_\_\_\_\_

- CAN YOU LEGALLY WORK IN THE UNITED STATES? \_\_\_\_\_ → ☐ YES ☐ NO
  - IF NOT, WHY? \_\_\_\_\_
- WHAT POSITION ARE YOU INTERESTED IN? \_\_\_\_\_
- CAN YOU PERFORM THE ESSENTIAL FUNCTIONS OF THE JOB? \_\_\_\_\_ → ☐ YES ☐ NO
  - IF NOT, WHY? \_\_\_\_\_
- HOW MANY HOURS A WEEK WOULD YOU LIKE TO WORK? \_\_\_\_\_
- DO YOU HAVE A VALID NEW MEXICO DRIVERS LICENSE? \_\_\_\_\_ → ☐ YES ☐ NO
  - LICENSE#: \_\_\_\_\_

## **EDUCATION**

HIGH SCHOOL: \_\_\_\_\_  
YEARS COMPLETED: \_\_\_\_\_

COLLEGE: \_\_\_\_\_  
COURSE OF STUDY: \_\_\_\_\_  
YEARS COMPLETED: \_\_\_\_\_

GRADUTE SCHOOL: \_\_\_\_\_  
COURSE OF STUDY: \_\_\_\_\_  
YEARS COMPLETED: \_\_\_\_\_

OTHER: \_\_\_\_\_  
COURSE OF STUDY: \_\_\_\_\_  
YEARS COMPLETED: \_\_\_\_\_

## **SPECIAL SKILLS, QUALIFICATIONS & CONSIDERATIONS**

SUMMARIZE SPECIAL SKILLS & QUALIFICATIONS, VOLUNTEER ACTIVITIES, MILITARY EXPERIENCE, EMPLOYMENT & OTHER ACTIVITIES RELATED TO THE JOB YOU ARE SEEKING:

---

---

---

---

## **REFERENCES**

LIST 2 NON-RELATIVES WHO ARE FAMILIAR WITH OUR QUALIFICATIONS, ACTUAL WORK HISTORY & ABILITY.

### **REFERENCE #1**

NAME: \_\_\_\_\_

OCCUPATION/RELATIONSHIP: \_\_\_\_\_

YEARS KNOWN: \_\_\_\_\_

PHONE #: \_\_\_\_\_

### **REFERENCE #2**

NAME: \_\_\_\_\_

OCCUPATION/RELATIONSHIP: \_\_\_\_\_

YEARS KNOWN: \_\_\_\_\_

PHONE #: \_\_\_\_\_

## **EMPLOYMENT EXPERIENCE**

LIST YOUR LAST 2 JOBS IN ORDER STARTING WITH YOUR PRESENT OR LAST JOB FIRST. DO NOT OMIT ANY JOB.

**EMPLOYER 1:** \_\_\_\_\_

PHONE #: \_\_\_\_\_

SUPERVISOR'S NAME: \_\_\_\_\_

YOUR SALARY – STARTING/ENDING: \_\_\_\_\_

YOUR JOB POSITION: \_\_\_\_\_

EMPLOYMENT DATES – STARTING/ENDING: \_\_\_\_\_

WHAT DID YOU LIKE MOST ABOUT YOUR JOB? \_\_\_\_\_

\_\_\_\_\_

WHAT DID YOU LIKE LEAST ABOUT YOUR JOB? \_\_\_\_\_

\_\_\_\_\_

REASON FOR LEAVING: \_\_\_\_\_

\_\_\_\_\_

**EMPLOYER 2:** \_\_\_\_\_

PHONE #: \_\_\_\_\_

SUPERVISOR'S NAME: \_\_\_\_\_

YOUR SALARY – STARTING/ENDING: \_\_\_\_\_

YOUR JOB POSITION: \_\_\_\_\_

EMPLOYMENT DATES – STARTING/ENDING: \_\_\_\_\_

WHAT DID YOU LIKE MOST ABOUT YOUR JOB? \_\_\_\_\_

\_\_\_\_\_

WHAT DID YOU LIKE LEAST ABOUT YOUR JOB? \_\_\_\_\_

\_\_\_\_\_

REASON FOR LEAVING: \_\_\_\_\_

\_\_\_\_\_

**PLEASE READ THE FOLLOWING STATEMENTS CAREFULLY BEFORE SIGNING THIS**  
**APPLICATION & CHECK ☒ YES or NO**

ONLY THOSE APPLICATIONS THAT ARE SIGNED & DATED ARE CONSIDERED VALID.

I CERTIFY THAT ALL ANSWERS AND STATEMENTS I HAVE MADE ON THIS APPLICATION (AND RESUME OR OTHER SUPPLEMENTARY MATERIALS) ARE TRUE AND COMPLETE WITHOUT OMISSION. I UNDERSTAND THAT ANY FALSE INFORMATION WILL BE GROUNDS FOR REFUSAL TO HIRE OR FOR IMMEDIATE DISCHARGE IF I AM EMPLOYED. I AUTHORIZE ANY OF THE PERSONS OR ORGANIZATIONS NAMED IN THIS APPLICATION TO GIVE YOU COMPLETE INFORMATION AND RECORDS REGARDING MY EMPLOYMENT, EDUCATION, CHARACTER AND QUALIFICATIONS.

☐ YES      ☐ NO

I UNDERSTAND THIS APPLICATION IS NOT AN OFFER OF EMPLOYMENT AND NO PROMISES OR REPRESENTATIONS OF EMPLOYMENT HAVE BEEN MADE TO ME AT THIS TIME.

☐ YES      ☐ NO

I GIVE CONSENT FOR PASCETTI STEEL DESIGN, INC. AND/OR ITS AGENT, SECURE SEARCH, TO PERFORM A CRIMINAL HISTORY BACKGROUND CHECK IN COMPLIANCE WITH THE FCRA AND DPPA (FAIR CREDIT REPORTING ACT AND THE FEDERAL DRIVER'S PRIVACY PROTECTION ACT).

☐ YES      ☐ NO

SIGN HERE: \_\_\_\_\_

PRINT NAME: \_\_\_\_\_

DATE: \_\_\_\_\_

THIS APPLICATION IS VALID FOR NINETY (90) DAYS FROM THE DATE SIGNED.

YOU ARE WELCOME TO INCLUDE A COPY OF YOUR RESUME WITH THIS APPLICATION