



# EMPLOYMENT APPLICATION

DATE OF APPLICATION COMPLETION: \_\_\_\_/\_\_\_\_/20\_\_

PATTON SALES CORP • PATTON'S STEEL

PLEASE FILL OUT ALL 3 PAGES COMPLETELY • WE MUST HAVE ACCURATE INFORMATION IN ORDER TO PROCESS THIS APPLICATION PLEASE  
HAVE ACCURATE PHONE NUMBERS & ADDRESSES FILLED OUT • IF YOU HAVE ANY QUESTIONS, PLEASE CALL 909-988-0661

ONTARIO • SAN BERNARDINO • PALMDALE • HESPERIA • COMPTON • IRWINDALE • BURBANK  
WE PROVIDE SOLUTIONS TO THE NEEDS OF OUR CUSTOMERS • SINCE 1959

## YOUR INFORMATION

LAST NAME		FIRST		M.I.		SOCIAL SECURITY #			
ARE YOU ELIGIBLE FOR EMPLOYMENT IN THE U.S.?		<input type="checkbox"/> YES <input type="checkbox"/> NO		ARE YOU AT LEAST 18 YEARS OF AGE?		DRIVER LICENSE #		STATE	
IF HIRED, CAN YOU PROVIDE "VERIFICATION OF WORK AUTHORIZATION"?		<input type="checkbox"/> YES <input type="checkbox"/> NO		<input type="checkbox"/> YES <input type="checkbox"/> NO					
PRESENT ADDRESS				APT #		HOW LONG AT CURRENT ADDRESS?			
CITY/STATE/ZIP				HOME PHONE		BUSINESS/CELL PHONE			
PERMANENT ADDRESS (IF DIFFERENT FROM ADDRESS ABOVE)				CITY/STATE/ZIP		HAVE YOU APPLIED AT PATTON'S BEFORE?			
						<input type="checkbox"/> YES <input type="checkbox"/> NO IF YES, WHEN? (MO/YR): ____/____			
AVAILABLE TO WORK FULL TIME?		HOW DID YOU HEAR ABOUT US?		POSITION DESIRED					
<input type="checkbox"/> YES <input type="checkbox"/> NO									

## EDUCATION

SCHOOL	NAME & LOCATION	COURSE OF STUDY	YEARS COMPLETED	DID YOU GRADUATE?	DEGREE/DIPLOMA
COLLEGE					
HIGH SCHOOL					
OTHER					

The information provided in this application for employment at Patton Sales Corp • Patton's Metal Working Solutions is true, correct & Complete. If employed, any misstatement or omission of facts on this application may result in dismissal.

All prospective new hires will be tested for use of drugs and alcohol. A positive test result for drugs or alcohol will be grounds for Refusal of employment. \_\_\_\_\_ (Please Initial)

I understand that acceptance of an offer of employment does not create a contractual obligation upon Patton Sales Corp. to continue to employ me in the future. PATTON SALES CORPORATION IS AN AT WILL EMPLOYER WITHOUT EXCEPTION.

If you decide to engage an investigative consumer reporting agency on my credit and personal history, I authorize Patton Sales Corporation to do so. If a report is obtained, Patton Sales Corporation must provide at my request, the name and address of the Agency so I may obtain from them the nature and substance of the information contained in the report.

Signature \_\_\_\_\_ Date \_\_\_\_\_

**EMPLOYMENT HISTORY (PLEASE START WITH PRESENT OR MOST RECENT EMPLOYER)**

COMPANY NAME		PHONE # AND CONTACT NAME	
ADDRESS		EMPLOYED (MONTH & YEAR)	
		FROM	TO
SUPERVISOR	JOB TITLE		
DESCRIBE YOUR POSITION/JOB DUTIES		REASON FOR LEAVING	
		MAY WE CONTACT THIS EMPLOYER? _____	

COMPANY NAME		PHONE # AND CONTACT NAME	
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DESCRIBE YOUR POSITION/JOB DUTIES		REASON FOR LEAVING	
		MAY WE CONTACT THIS EMPLOYER? _____	

PLEASE DESCRIBE YOURSELF IN A FEW WORDS & LIST ANY SKILLS THAT RELATE TO THE POSITION YOU ARE APPLYING FOR:

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