

EMPLOYMENT APPLICATION

DATE OF APPLICATION COMPLETION: / /20

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

LAST NAME		FIRST	FIRST			SOCIAL SECURITY #	
ARE YOU ELIGIBLE FO	R EMPLOYMENT IN THE U.S.	? YES NO	ARE YOU AT LEAST	18 YEARS O	F AGE?	DRIVER LICENSE #	STATE
IF HIRED, CAN YOU P OF WORK AUTHORIZA	ROVIDE "VERIFICATION	YES NO	YES N	0			
PRESENT ADDRESS			APT #	•	HOW LON	G AT CURRENT ADDRESS	5?
CITY/STATE/ZIP	HOME PH	HOME PHONE BUSINESS/CELL PHONE					
PERMANENT ADDRES	S (IF DIFFERENT FROM ADDR	RESS ABOVE)	CITY/STATE/ZIP HAVE YOU APPLIED AT PATTON'S BEFORE?				
AVAII ABIE TO WORK	EIIII TIME?	OW DID VOIL HEAD ADOUT HE?	DOSITION DESIR	YES YES	Пио	IF YES, WHEN? (MO/YE	R):/
AVAILABLE TO WORK FULL TIME? HOW DID YOU HEAR ABOUT US?			POSITION DESIRED				
YES NO							
EDUCATION			1			<u> </u>	
SCHOOL	NAME & LO	OCATION	COURSE OF STUDY	YEARS CO	OMPLETED	DID YOU GRADUATE?	DEGREE/DIPLOA
COLLEGE							
				-			
HIGH SCHOOL							
OTHER							
		olication for employme					
·		iny misstatement or om				-	
	new hires will be tes nployment	ited for use of drugs and _ (Please Initial)	d alcohol. A pos	sitive test	result fo	r drugs or alcoho	l will be groui
understand the	at acceptance of ar	n offer of employment o	does not create	a contra	ctual ob	ligation upon Patt	ton Sales
		the future. PATTON SALE					
		gative consumer report					
		ort is obtained, Patton S tain from them the natu					
	-						
sianature				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			
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			
ADDRESS		EMPLOYED (MONTH & YEAR)			
		FROM TO			
SUPERVISOR	JOB TITLE				
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 POS	SITION YOU ARE APPLYING FOR:			



PATTON SALES CORP • PATTON'S STEEL

PATTON SALES CORPORATION BACKGROUND REQUEST FORM

APPLICANT'S NAME:	
LAST	FIRST MIDDLE
ALIASES:	
ADDRESS:	
PREVIOUS ADDRESS(ES):	
(LIST ALL PREVIOUS ADDRESSES IN THE PAST 7 YEARS. USE	
	·
DRIVER'S LICENSE #:	STATE:
DATE OF BIRTH:// MONTH DAY YEAR	PHONE:
UNIVERSITY/COLLEGE ATTENDED:	CHOOL CITY/STATE
DEGREE RECEIVED:	YEAR RECEIVED:
DEGUESTED DV	D.475
REQUESTED BY:	DATE:
nvestigations agency, to conduct a background checl	ocess, Patton Sales Corporation will request Savala & Associates, a licensed k (consumer report). The information provided by me will be the basis for ecurity number trace, bankruptcies, department of motor vehicle records,
ictitious business filings, degree confirmation, and artic	
	ication or employment (if any) based entirely or in part on the information notified as to the basis of that decision and given a copy of the report, as
	atton Sales Corporation and fully understand that any misrepresentations or divill be grounds for denying my application, withdrawing any offer of
Patton Sales Corporation for employment purposes either	understand this notice and consent to the release of a consumer report to er in connection with my job application, or in connection with any future ssignment or retention as an employee. I understand my consent remains in
Signature	Date