



"AN EQUAL OPPORTUNITY EMPLOYER"

APPLICATION FOR EMPLOYMENT

PERSONAL INFORMATION

NAME (LAST, FIRST, MIDDLE INITIAL)			SOCIAL SECURITY NO.	
PRESENT ADDRESS	APT. NO.	CITY	STATE	ZIP
PERMANENT ADDRESS	APT. NO.	CITY	STATE	ZIP
	PHONE	DRIVER'S LICENSE STATE/NUMBER		

DESIRED EMPLOYMENT

POSITION	DATE YOU CAN START	SALARY DESIRED
ARE YOU EMPLOYED NOW? <input type="checkbox"/> YES <input type="checkbox"/> NO	IF SO, MAY WE INQUIRE OF YOUR PRESENT EMPLOYER? <input type="checkbox"/> YES <input type="checkbox"/> NO	
EVER APPLIED TO THIS COMPANY BEFORE? <input type="checkbox"/> YES <input type="checkbox"/> NO	WHERE?	WHEN?
EVER WORKED FOR THIS COMPANY BEFORE? <input type="checkbox"/> YES <input type="checkbox"/> NO	WHERE?	WHEN?
REASON FOR LEAVING		
NAME OF LAST SUPERVISOR AT THIS COMPANY		
WHO REFERRED YOU TO THIS COMPANY? <input type="checkbox"/> EMPLOYMENT AGENCY <input type="checkbox"/> NEWSPAPER ADVERTISING <input type="checkbox"/> FRIEND		
<input type="checkbox"/> STATE EMPLOYMENT OFFICE <input type="checkbox"/> COLLEGE PLACEMENT SERVICE <input type="checkbox"/> WALK-IN <input type="checkbox"/> OTHER		

EDUCATION

SCHOOL LEVEL	NAME/LOCATION	NO. OF YEARS ATTENDED	DID YOU GRADUATE?	SUBJECTS STUDIED
HIGH SCHOOL				
COLLEGE				
TRADE, BUSINESS OR				

CORRESPONDENCE				
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"Victor Corporation, does not discriminate on the basis of age, sex, race or color, national origin, religion, or handicap."

GENERAL

SUBJECTS OF SPECIAL STUDY OR RESEARCH WORK
SPECIAL TRAINING
SPECIAL SKILLS

FORMER EMPLOYERS

LIST BELOW LAST EMPLOYERS, BEGINNING WITH THE MOST RECENT:

NAME OF PRESENT OR LAST EMPLOYER			
ADDRESS	CITY	STATE	ZIP
STARTING DATE	LEAVING DATE	JOB TITLE	
WEEKLY STARTING SALARY	WEEKLY FINAL SALARY	MAY WE CONTACT YOUR SUPERVISOR? <input type="checkbox"/> YES <input type="checkbox"/> NO	
NAME OF SUPERVISOR	TITLE	PHONE	
DESCRIPTION OF WORK			
REASON FOR LEAVING			

NAME OF PRESENT OR LAST EMPLOYER			
ADDRESS	CITY	STATE	ZIP
STARTING DATE	LEAVING DATE	JOB TITLE	
WEEKLY STARTING SALARY	WEEKLY FINAL SALARY	MAY WE CONTACT YOUR SUPERVISOR? <input type="checkbox"/> YES <input type="checkbox"/> NO	
NAME OF SUPERVISOR	TITLE	PHONE	
DESCRIPTION OF WORK			
REASON FOR LEAVING			

NAME OF PRESENT OR LAST EMPLOYER			
ADDRESS	CITY	STATE	ZIP
STARTING DATE	LEAVING DATE	JOB TITLE	
WEEKLY STARTING SALARY	WEEKLY FINAL SALARY	MAY WE CONTACT YOUR SUPERVISOR? <input type="checkbox"/> YES <input type="checkbox"/> NO	
NAME OF SUPERVISOR	TITLE	PHONE	
DESCRIPTION OF WORK			

REASON FOR LEAVING

REFERENCES

BELOW, GIVE THE NAMES OF THREE PERSONS OF WHOM YOU HAVE NO RELATION TO AND HAVE KNOWN AT LEAST ONE YEAR.

NAME	ADDRESS & PHONE NUMBER	BUSINESS	YRS. ACQUAINTED
1			
2			
3			

SERVICE RECORD

BRANCH OF SERVICE	DISCHARGE DATE RANK

HAVE YOU BEEN CONVICTED OF A FELONY? YES NO

IF YES, EXPLAIN. (WILL NOT NECESSARILY EXCLUDE YOU FROM CONSIDERATION.)

AUTHORIZATION

"IN CONSIDERATION OF MY EMPLOYMENT WITH **Victor Corporation**, SHOULD MY APPLICATION FOR EMPLOYMENT BE ACCEPTED, I UNDERSTAND AND AGREE THAT MY EMPLOYMENT WITH THIS COMPANY WILL BE **EMPLOYMENT AT WILL**, MEANING THAT EITHER THE COMPANY OR THE EMPLOYEE CAN TERMINATE EMPLOYMENT AT ANY TIME, WITH OR WITHOUT NOTICE OR CAUSE. I FURTHER UNDERSTAND AND AGREE THAT NO ONE HAS THE AUTHORITY TO ALTER THIS RELATIONSHIP, OR EMPLOY ANYONE ON A BASIS OTHER THAN AT WILL EMPLOYMENT EXCEPT BY A WRITTEN AGREEMENT, SIGNED BY AN OFFICER OF THE COMPANY.

I CERTIFY THAT THE FACTS CONTAINED IN THIS APPLICATION ARE TRUE AND COMPLETE TO THE BEST OF MY KNOWLEDGE AND UNDERSTAND THAT, IF EMPLOYED, FALSIFIED STATEMENTS ON THIS APPLICATION SHALL BE GROUNDS FOR DISMISSAL.

I AUTHORIZE INVESTIGATION OF ALL STATEMENTS CONTAINED HEREIN AND THE REFERENCES AND EMPLOYERS LISTED ABOVE TO GIVE YOU ANY AND ALL INFORMATION CONCERNING MY PREVIOUS EMPLOYMENT AND ANY PERTINENT INFORMATION THEY MAY HAVE, PERSONAL OR OTHERWISE AND RELEASE THE COMPANY FROM ALL LIABILITY FOR ANY DAMAGE THAT MAY RESULT FROM UTILIZATION OF SUCH INFORMATION.

I ALSO UNDERSTAND AND AGREE THAT NO REPRESENTATIVE OF THE COMPANY HAS ANY AUTHORITY TO ENTER INTO ANY AGREEMENT FOR EMPLOYMENT FOR ANY SPECIFIED PERIOD OF TIME, OR TO MAKE ANY AGREEMENT CONTRARY TO THE FOREGOING, UNLESS IT IS IN WRITING AND SIGNED BY AN AUTHORIZED COMPANY REPRESENTATIVE."

DATE: _____ SIGNATURE: _____

APPLICANT ACKNOWLEDGEMENT OF TERMS AND CONDITIONS OF APPLICATION

In exchange for **Victor Corporation** consideration of this employment application:

I certify that all information I have supplied in this application and any other form, oral or written is true and accurate, and I agree that any misstated, misleading, incomplete or false information is grounds for rejection of this application, refusal to hire or immediate discharge without recourse.

I understand and agree that **Victor Corporation**, any agent acting on their behalf, as well as any other person responding to reference request pursuant to this application, can and will seek and/or disclose any and all information about me which **Victor Corporation**, agent or agents, or persons may have. I specifically authorize said disclosure and agree to hold all such corporations, agents, or persons harmless for the same. That is, I will not file a lawsuit, claim or charge against them for such disclosure. Nor will I threaten same or otherwise seek any kind of compensation for such disclosure.

I understand and agree with the fact that **Victor Corporation** maintains a drug-free workplace, that maintenance of same is essentially the safety of the workplace and employees, and that I may be required to undergo a pre-employment medical examination, including, but not limited to, drug and/or alcohol screening and testing. I also understand and agree that I may be subject to such testing during the course of my employment, and I specifically agree not to oppose in any fashion such pre-hire, random or post-hire testing. I understand that, subject to applicable law, Victor Corporation shall be the sole judge of the acceptability of any tests results. I also acknowledge that I have been advised that Victor Corporation is an Equal Opportunity Employer, that Victor Corporation does not discriminate against persons who are physically or mentally handicapped, and that Victor Corporation administers its employment policies in a nondiscriminatory manner.

I specifically authorize **Victor Corporation** to investigate my background, including any and all references, available criminal and other judicial records, and my credit record, consistent with applicable law. I understand that Victor Corporation will notify me if and when a credit record investigation is performed, and the sources investigated. I authorize Victor Corporation to use all legal means at its disposal to assess my suitability for employment. I make this authorization in return for Victor Corporation consideration of me for employment, and I specially release and hold Victor Corporation harmless for any and all liabilities arising out of their investigation of my application for employment.

I understand and agree that, if hired, my employment will be at will, and that I or Victor Corporation can terminate this employment relationship at any time, with or without notice, for any reason, good or bad, without recourse by either of us.

I hereby certify that I have read and understand the Terms and Conditions of this application.

Applicant's Signature

Date



Drug Test Consent Form

CONSENT FOR PRE-EMPLOYMENT, RANDOM, OR REASONALBE SUSPICION, DRUG TEST SCREEN AND RELEASE COVENANAT NOT TO SUE AND INDEMNITY AGREEMENT.

I hereby CONSENT to allow the laboratory testing service chosen by *Victor Corporation* to take a specimen of my hair, urine, or blood and submit it for a pre-employment, random, or reasonable suspicion drug test screening. I FURTHER CONSENT to allow the laboratory testing service to make the results of such a screen available to the prospective or current employer, *Victor Corporation* and/or any of its agents.

In consideration for such services being rendered on my behalf, I hereby RELEASE the laboratory testing service, its officers, agents, and employees, from any and all claims which I might otherwise have due to such results being made so available. I hereby CONSENT NOT TO FILE ANY ACTION at law or in equity against *Victor Corporation*, the laboratory testing service, their respective officers, agents, or employees, in connection with the results of such screen being made so available and I herby agree to INDEMNIFY and SAVE HARMLESS *Victor Corporation*, the laboratory testing service, their respective officer, agents, and employees from all damages, expenses, reasonable attorney's fees, and costs of court which they or any of them may suffer or incur, jointly or severally, due to the results of such screen being made so available.

SIGNED this _____ day of _____, 20_____.

CURRENT MEDICATIONS (PRESCRIPTION AND NON-PRESCRIPTION)

Signature of Applicant or Employee

Date

Printed Name of Applicant or Employee

Social Security Number



Consent To Procurement Of Background Information

I understand that, as a condition of my consideration for employment with Victor Corporation, or as a condition of my continued employment with Victor Corporation may obtain a consumer report that includes, but is not limited to, my creditworthiness or similar characteristics, employment and education verifications, social security verification, criminal and civil history, personal interviews, DMV records, any other public records and any other information bearing on my credit standing, credit capacity, character, general reputation, personal characteristics and trustworthiness.

I hereby authorize and consent to Victor Corporation procurement of such a report. I understand that, pursuant to the federal Fair Credit Reporting Act, Victor Corporation will provide me with a copy of any such report if the information contained in such report is, in any way, to be used in making a decision regarding my fitness for employment with Victor Corporation. I further understand that such report will be made available to me prior to any such decision being made, along with the name and address of the reporting agency that produced the report.

Signature of Applicant or Employee

Date

Printed Name of Applicant or Employee

Maiden Name

Street Address

City

State

Zip

Date of Birth

Social Security Number

Driver's License Number

Issuing State

Expiration Date

Any other address where you have lived over the previous 7 years

Any other address where you have lived over the previous 7 years



Medical Questionnaire

This questionnaire will be used to identify a workers' physical ability to perform the job he/she has been conditionally hired for.

Name:

_____ SSN _____

Address:

Have you ever suffered a work related injury? Yes____ No____

Have you ever filed for and/or received Worker's Compensation benefits? Yes____ No____

If yes, list dates and describe when such claims were filed, and/or benefits were received.

Have you ever suffered an illness or injury other than at work where you were off work, and/or had to limit your activities for more than one week? Yes____ No____

If yes, list dates and describe all such injuries, and/or illnesses suffered.

Have you ever been in an automobile accident? Yes____ No____

If yes, list dates of all such accidents, all injuries suffered including any physical restrictions imposed.

List your family physician: _____

Please check any of the following activities for which you have, or have had, a restriction:

Lifting_____ Standing_____ Squatting_____ Carrying_____ Climbing_____

Walking_____ Crawling_____ Sitting_____ Bending_____

Give a brief description of any restrictions checked above.

N.M. STAT ANN. 52-1-28.3 (1991 W.C. ACT)

FALSE STATEMENTS AND/OR REPRESENTATIONS MADE ON THIS QUESTIONNAIRE MAY CAUSE FORFEITURE OF WORKERS' COMPENSATION BENEFITS UNDER THE PROVISION OF 52-1-28.3 OF THE 1991 WORKERS' COMPENSATION ACT PROVIDED, THE WORKER KNOWINGLY AND WILLFULLY CONCEALED INFORMATION OR MADE A FALSE REPRESENTATION OF (HIS/HER) MEDICAL CONDITION.

This information listed above is true and correct to the best of my knowledge and I understood all the questions listed above.

(Please make sure the questionnaire is filled out completely before signing)

Employee Signature

Date

Employer Signature

Date