

HUTCO, INC.
P.O. Box 52586
Lafayette, LA 70505-0508

APPLICATION FORM

Reviewed by: _____

EQUAL EMPLOYMENT OPPORTUNITY POLICY
It is our intent to make all employment decisions, including hiring, transfer, promotion, layoff and discharge on the basis of job-related qualifications. We will always endeavor to select the best qualified individual regardless of race, color, disability, veteran status or marital status. Furthermore, it is our policy to provide reasonable accommodations to applicants and employees with disabilities.

		Social Security Number:
Last Name:	First Name:	Middle Name:

Address:

City:	State:	Zip Code:
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Telephone Number:	Mobile / Beeper / Other Contact #:	Have you ever been employed here: () Yes () No If so, when? _____
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I heard about this position from: () Newspaper () Friend () Walk-In () Job Service () Recruiter () Job Fair
() Vo-Tech () Radio () Web Site () Employment Guide

Did you hear of this position from a current employee? If so, whom:

Position applied for: (1st choice) _____ (2nd choice) _____

Please indicate any days and/or shifts you are not able to work:

Are you legally eligible for work in this country? () Yes () No Are you willing to relocate / travel for work? () Yes () No

Have you ever been convicted of a crime within the past seven (7) years? () Yes () No If yes, please explain below:
(conviction does not necessarily prohibit employment)

EDUCATION	SCHOOL	CITY , STATE	# OF YEARS COMPLETED	DEGREE YES / NO
High School				
College				
Other				

ADDITIONAL SKILLS / CERTIFICATIONS: * List years of experience

Do you wish to advise us of your salary expectations? () Yes () No If yes, \$ _____ to _____ per hour

REFERENCES: Please DO NOT list relatives

Name:	Name:	Name:
Occupation:	Occupation:	Occupation:
Phone #:	Phone #:	Phone #:

CONTINUE ON BACK OF FORM

WORK HISTORY: Please start with most recent employer including military service. If you are currently employed, may we contact your present employer: () Yes () No

Mon. / Year Started	Mon. / Year Left	Name of Employer:	Phone #:
		Address:	
Supervisor's Name:		Position Held:	
Duties & Responsibilities:			
Reason for Leaving:			
Mon. / Year Started	Mon. / Year Left	Name of Employer:	Phone #:
		Address:	
Supervisor's Name:		Position Held:	
Duties & Responsibilities:			
Reason for Leaving:			
Mon. / Year Started	Mon. / Year Left	Name of Employer:	Phone #:
		Address:	
Supervisor's Name:		Position Held:	
Duties & Responsibilities:			
Reason for Leaving:			
All gaps in employment history must be explained:			

APPLICANT STATEMENT

I certify that all information I have provided is true, complete and correct. I understand that any information provided by me that is found to be false, incomplete or misrepresented in any respect, will be sufficient cause to (I) cancel further consideration of this application, or (ii) immediately discharge me from the employer's service, whenever it is discovered.

I authorize present and former employers, and individuals I have listed as personal references, to furnish information about my employment record, including a statement of the reason for the termination of my employment, work performance, abilities, and other qualities pertinent to my qualifications for employment, hereby releasing them from any and all liability for damages arising from furnishing the requested information.

I understand that if I am hired, I will be required to provide proof of identity and legal authority to work in the United States and that federal immigration laws require me to complete an I-9 Form in this regard.

I understand Welder / Fitter positions require passing a skills test at certain facilities.

DO NOT SIGN UNTIL YOU HAVE READ THE ABOVE APPLICANT STATEMENT.

I certify that I have read, fully understand and accept all terms of the foregoing Applicant Statement.

Signature of Applicant

Date

(rev:3/18/04)