

# ROMAR

## SUPPLY & STEEL FABRICATION

**E-MAIL TO: [apply@romarsupply.com](mailto:apply@romarsupply.com) or fax to: 214-596-9968**

Romar Supply is an equal opportunity employer, dedicated to a policy of non-discrimination in any basis including race, creed, color, age, sex, religion or national origin.

### PERSONAL INFORMATION

Date \_\_\_\_\_ Social Security Number \_\_\_\_--\_\_\_\_--\_\_\_\_\_

**Name**

Last \_\_\_\_\_ First \_\_\_\_\_ Middle \_\_\_\_\_

**Present Address**

Street \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

**Permanent Address**

Street \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone \_\_\_\_--\_\_\_\_--\_\_\_\_\_ Height \_\_\_\_\_ Weight \_\_\_\_\_

Name of any relatives already employed at Romar. \_\_\_\_\_

Who referred you to Romar? \_\_\_\_\_

### EMPLOYMENT DESIRED

Position \_\_\_\_\_ Date You Can Start \_\_\_\_\_ Salary Desired \_\_\_\_\_

Are You Employed Now? \_\_\_\_\_ May We Contact Your Present Employer? \_\_\_\_\_

Have You Applied To Romar Before? \_\_\_\_\_ Where? \_\_\_\_\_ When? \_\_\_\_\_

EDUCATION	Name and Location of School	Circle Last Year Completed	Did You Graduate? Y - N	Subjects Studied and Degree(s) Received
Grammar School				
High School		1 2 3 4		
College		1 2 3 4		
Trade, Business or Correspondence School		1 2 3 4		

Subjects of special study or research work. \_\_\_\_\_

What foreign languages do you speak fluently? \_\_\_\_\_

Read \_\_\_\_\_ Write \_\_\_\_\_

Activities other than religious  
(Civic, athletic,  
etc.)

Exclude organizations, the name or character of which indicates the race, creed, color or national origin of its members.

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**FORMER EMPLOYERS**

Date Month and Year	Name and Address of Employer	Salary	Position	Reason for Leaving
From:				
To:				
From:				
To:				
From:				
To:				
From:				
To:				

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**REFERENCES:** Give the names of three persons not related to you whom you have known at least three years.

Name	Address	Business	Years Acquainted
1			
2			
3			

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**PHYSICAL RECORD:**Do you have any physical condition, which may limit your ability to perform the job applied for?  

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**EMERGENCY CONTACT INFORMATION:**

Name \_\_\_\_\_ Phone \_\_\_\_\_ Relation \_\_\_\_\_

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**EQUIPMENT KNOWLEDGE:**

Place a check in the box next to each piece of equipment you have experience using or training on.

- |   |   |   |
|---|---|---|
| <input type="checkbox"/> Forklift (cushion tire LPG)            | <input type="checkbox"/> Threading Pipe | <input type="checkbox"/> Oxygen Acetylene Cutting Torch |
| <input type="checkbox"/> Forklift (electric "Narrow Isle Lift") | <input type="checkbox"/> Grooving Pipe  | <input type="checkbox"/> Plasma Torch                   |
| <input type="checkbox"/> MIG (wire feed welder)                 | <input type="checkbox"/> Chop Saw       |   |

**Specialized Training:**

List any certificates of prior relevant training, CPR, Safety etc.

Date	Type of Training	Certification Y or N

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I authorize investigation of all statements contained in this application. I understand that misrepresentation or omission of facts called for is cause for dismissal. Further I understand and agree that my employment is for no definite period and may, regardless of the date of payment of my wages and salary, be terminated at any time without previous notice.

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