

3945 EDISON AVENUE  
FORT MYERS, FLORIDA 33916  
License CGC034059  
WEBSITE: [www.southernmachineandsteel.com](http://www.southernmachineandsteel.com)



239-334-4327  
FAX 239-334-0724

EMAIL: [sms@southernmachineandsteel.com](mailto:sms@southernmachineandsteel.com)

Michael K. Blackwell  
President

**GENERAL WELDING & MACHINE REPAIR  
STEEL FABRICATORS & ERECTORS**

## **PROPER ID MUST BE PROVIDED WITH APPLICATION**

**You must pass the fingerprinting/background screening for the Jessica Lunsford Act. You will not pass if you have been convicted of any of the following:**

any offense requiring registration as a sexual offender, sexual misconduct with certain developmentally disabled clients and the reporting of such sexual misconduct; sexual misconduct with certain mental health patients and the reporting of such sexual misconduct; relating to terrorism; relating to murder; relating to kidnapping, relating to lewdness and indecent exposure, relating to incest; relating to child abuse, aggravated child abuse or neglect of a child, you cannot be employed, engaged to provide services, or serve in any position requiring direct contact with students.

**“Florida New Hire” will be notified if you are hired. SMS will be required to deduct any moneys that are due for child support or other legal garnishments from your paycheck.**

**DRUG TESTING IS MANDATORY**

**WE ARE A NONSMOKING,  
DRUG FREE, NON-DRINKING  
(ALCOHOL ON BREATH)  
FACILITY**

Applicant's Initials \_\_\_\_\_

Date: \_\_\_\_\_



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# Notice:

## What to know before filling out Application:

A. Two (2) forms of official identification are required prior to start of work from list below: (One must be a picture ID)

1. Driver's license or ID card issued by a state or outlying possession of the United States provided it contains a photograph.
2. ID card issued by federal, state, or local government agencies or entities, provided it contains a photograph.
3. School ID card with photograph
4. Voter's registration card
5. U.S. Military card or draft record
6. Military dependent's ID card
7. U.S. Coast Guard merchant mariner card
8. Native American tribal document
9. Driver's license issued by a Canadian Government Authority

B. You will not be interviewed until the day before you intend to start.

C. If hired you must arrive on time for your drug test, have proper photo ID and have your own transportation from our office to the drug testing facility and back. .

After you have acknowledged the above you will be provided an application to fill out.

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Signature

Date

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**If you are offered a position with our company, you will be sent for your Drug Test first thing in the morning prior to punching in. The Lab requires you bring a picture ID with you.**

**Our Company Policy allows you to start work immediately after taking the drug test. If a negative drug test result is not received by our office within forty-eight hours after taking the test you will be put on unpaid leave until the results are received. Receipt of a positive drug test will result in your immediate dismissal and the cost of the drug test being deducted from your first pay check.**

**Please be aware our current work week is Monday thru Friday, 7:00 a.m. to \_\_\_\_\_ and Saturdays 7:00 a.m. to \_\_\_\_\_. These are mandatory work hours.**

If this is acceptable to you, please sign below and fill out the attached Application for Employment and Interview Questionnaire.

\_\_\_\_\_  
SIGNATURE

\_\_\_\_\_  
DATE

\_\_\_\_\_  
PRINTED NAME

NAME: \_\_\_\_\_

Date \_\_\_\_\_

You have not been offered a position by completing this form but will be allowed to fill out the "Application for Employment." The completion of this form does not entitle you to an interview.

CIRCLE ONE

Are you currently employed? YES NO

If Yes, are you looking for a new job? Or Wanting to change jobs?

If offered a position I am able to start tomorrow. YES NO

If not tomorrow when? \_\_\_\_\_

I am able to perform the position for which I am applying. YES NO

Do you have any pre-existing injuries that would limit your ability to perform the position for which you are for applying? YES NO

I understand I must work every day and have reliable transportation. YES NO

I understand that I must take a drug test before being employed and can be dismissed if positive results are returned. YES NO

Southern Machine & Steel, Inc. has a ZERO tolerance Drug Policy, are you aware of this? YES NO

Pre-employment, employment, random and accident related drug testing are required by Southern Machine & Steel, Inc. Are you aware of this? YES NO

The use of tobacco products is not allowed on Southern Machine & Steel, Inc. property or job sites. Are you aware of this? YES NO

If seeking a welding position, what type of welding experience do you have?

CIRCLE WHAT APPLIES - MIG TIG STICK OTHER

What have you welded or fabricated? (Tanks, conveyors, bins, columns, beams, deck, etc.)

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# APPLICATION FOR EMPLOYMENT

(PRE-EMPLOYMENT QUESTIONNAIRE) (AN EQUAL OPPORTUNITY EMPLOYER)

**PERSONAL INFORMATION**

DATE \_\_\_\_\_

NAME \_\_\_\_\_ SOCIAL SECURITY NUMBER \_\_\_\_\_

LAST FIRST MIDDLE

PRESENT ADDRESS \_\_\_\_\_

STREET CITY STATE ZIP

PERMANENT ADDRESS \_\_\_\_\_

STREET CITY STATE ZIP

PHONE NO. \_\_\_\_\_ ARE YOU 18 YEARS OR OLDER? Yes  No

ARE YOU EITHER A U.S. CITIZEN OR AN ALIEN AUTHORIZED TO WORK IN THE UNITED STATES? Yes  No

LAST

FIRST

MIDDLE

**SPECIAL QUESTIONS**

DO NOT ANSWER ANY OF THE QUESTIONS IN THIS FRAMED AREA UNLESS THE EMPLOYER HAS CHECKED A BOX PRECEDING A QUESTION, THEREBY INDICATING THAT THE INFORMATION IS REQUIRED FOR A BONA FIDE OCCUPATIONAL QUALIFICATION, OR DICTATED BY NATIONAL SECURITY LAWS, OR IS NEEDED FOR OTHER LEGALLY PERMISSIBLE REASONS.

Height \_\_\_\_\_ feet \_\_\_\_\_ inches       Are you a U.S. citizen? Yes \_\_\_\_\_ No \_\_\_\_\_

Weight \_\_\_\_\_ lbs.       Date of Birth\* \_\_\_\_\_

What Foreign Languages do you speak fluently? \_\_\_\_\_ Read \_\_\_\_\_ Write \_\_\_\_\_

Have you been convicted of a felony or misdemeanor within the last 5 years? \*\* Yes \_\_\_\_\_ No \_\_\_\_\_ Describe: \_\_\_\_\_

I understand and agree that I may be required to take one or more:  physical examination;  DRUG test(s), as a condition of hiring or continued employment. I agree to consent to take such test(s) at such time as designated by the Company and to release the Company, its directors, officers, agents or employees from any claim arising in connection with the use of such test(s). Yes \_\_\_\_\_ No \_\_\_\_\_

I have been advised that lie detector tests, as a condition of hiring or continued employment, are prohibited by law. Yes \_\_\_\_\_ No \_\_\_\_\_

\*The Age Discrimination in Employment Act of 1967 prohibits discrimination on the basis of age with respect to individuals who are at least 40 but less than 70 years of age.  
\*\*You will not be denied employment solely because of a conviction record, unless the offense is related to the job for which you have applied.

**EMPLOYMENT DESIRED**

POSITION \_\_\_\_\_ DATE YOU CAN START \_\_\_\_\_ SALARY DESIRED \_\_\_\_\_

ARE YOU EMPLOYED NOW? \_\_\_\_\_ IF SO MAY WE INQUIRE OF YOUR PRESENT EMPLOYER? \_\_\_\_\_

EVER APPLIED TO THIS COMPANY BEFORE? \_\_\_\_\_ WHERE? \_\_\_\_\_ WHEN? \_\_\_\_\_

EDUCATION	NAME AND LOCATION OF SCHOOL	*NO OF YEARS ATTENDED	*DID YOU GRADUATE?	SUBJECTS STUDIED
GRAMMAR SCHOOL				
HIGH SCHOOL				
COLLEGE				
TRADE, BUSINESS OR CORRESPONDENCE SCHOOL				

\*The Age Discrimination in Employment Act of 1967 prohibits discrimination on the basis of age with respect to individuals who are at least 40 years of age.

**GENERAL**

SUBJECTS OF SPECIAL STUDY OR RESEARCH WORK

U. S. MILITARY OR  
NAVAL SERVICE

RANK

PRESENT MEMBERSHIP IN  
NATIONAL GUARD OR RESERVES**FORMER EMPLOYERS** (LIST BELOW LAST THREE EMPLOYERS, STARTING WITH LAST ONE FIRST).

DATE MONTH AND YEAR	NAME AND ADDRESS OF EMPLOYER	SALARY	POSITION	REASON FOR LEAVING
FROM				
TO				
FROM				
TO				
FROM				
TO				

**REFERENCES:** GIVE THE NAMES OF THREE PERSONS NOT RELATED TO YOU, WHOM YOU HAVE KNOWN AT LEAST ONE YEAR.

	NAME	ADDRESS	BUSINESS	YEARS ACQUAINTED
1				
2				
3				

**PHYSICAL RECORD:**DO YOU HAVE ANY PHYSICAL LIMITATIONS THAT PRECLUDE YOU FROM PERFORMING ANY WORK FOR WHICH YOU ARE BEING CONSIDERED? Yes  No 

IF YES, WHAT CAN BE DONE TO ACCOMMODATE YOUR LIMITATION? \_\_\_\_\_

PLEASE DESCRIBE: \_\_\_\_\_

IN CASE OF  
EMERGENCY NOTIFY

NAME

ADDRESS

PHONE NO.

"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 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 ALL PARTIES FROM ALL LIABILITY FOR ANY DAMAGE THAT MAY RESULT FROM FURNISHING SAME TO YOU.

I UNDERSTAND AND AGREE THAT, IF HIRED, 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 PRIOR NOTICE."

DATE

SIGNATURE

DO NOT WRITE BELOW THIS LINE

INTERVIEWED BY

DATE

HIRED:  Yes  No

POSITION

DEPT.

SALARY/WAGE

DATE REPORTING TO WORK

APPROVED: 1.

2.

3.

EMPLOYMENT MANAGER

DEPT. HEAD

GENERAL MANAGER

This form has been designed to strictly comply with State and Federal fair employment practice laws prohibiting employment discrimination. This Application for Employment Form is sold for general use throughout the United States. TOPS assumes no responsibility for the inclusion in said form of any questions which, when asked by the Employer of the Job Applicant, may violate State and/or Federal Law.