

# APPLICATION FOR EMPLOYMENT



**An Equal Opportunity Employer**

## PLEASE READ BEFORE COMPLETING THIS APPLICATION

If you need help filling out this application form or during any phase of the employment application process, please notify the person who gave you this form and every effort will be made to accommodate your needs in a reasonable amount of time.

This company does not discriminate in recruitment, hiring, or conditions of employment on the basis of race, color, religion, national origin, sex, marital status, disability, age, or veteran status. No question on this application is intended to secure information to be used in a discriminatory manner. Your completed application will be reviewed carefully, but its receipt does not imply that you will become employed. Employment consideration necessitates that you meet all minimum qualifications required of the position for which you are applying.

Please return this form to: **AZZ / Calvert Company – Attn: HR Dept.**

120 Aztec Drive, Richland, MS 39218 • Fax: (601) 939-9676 • E-mail: Jobs2@Azz.com

Date _____	Social Security Number _____
Name _____	Telephone Number _____
Last                    First                    Middle	
Present Address _____	
No.                    Street                    City                    State                    Zip	
Position(s) applying for _____	Rate of pay expected \$ _____ <input type="checkbox"/> per hour <input type="checkbox"/> per year
Are you seeking: <input type="checkbox"/> full-time work <input type="checkbox"/> part-time work	Specify days/hours desired if part-time _____
If your application is considered favorably, on what date will you be available to begin work? _____	

Do you have legal authorization to work for any employer in the U.S.?  Yes  No      Are you at least 18 years of age?  Yes  No

Were you employed by The Calvert Company in the past?  Yes  No      If yes, when? \_\_\_\_\_

How were you referred to our company? \_\_\_\_\_

Do you have any relatives employed with The Calvert Company?  Yes  No      Names: \_\_\_\_\_

Are there any other experiences, skills, or qualifications which you feel would especially fit you for work with our company? \_\_\_\_\_

In case of emergency, notify (name) \_\_\_\_\_ Relationship to you: \_\_\_\_\_

at (telephone number) \_\_\_\_\_ or at (alternate/work telephone number) \_\_\_\_\_

## MILITARY SERVICE RECORD

Have you ever been in the U.S. Armed Forces?  Yes  No

If yes, what branch? \_\_\_\_\_

Dates of duty: From \_\_\_\_\_ to \_\_\_\_\_ Rank at discharge \_\_\_\_\_

Description of duties \_\_\_\_\_

Special training/skills learned \_\_\_\_\_

**LIST BELOW ALL PAST AND PRESENT EMPLOYMENT, BEGINNING WITH YOUR MOST RECENT.**

**FILL IN ALL SPACES PROVIDED FOR EVERY JOB HELD. INCOMPLETE INFORMATION MAY CAUSE DISQUALIFICATION.**

NAME OF COMPANY	From		To		Job Title / Duties	Pay rate	Reason for Leaving	Name of Supervisor
	Month/Year	Month/Year	Month/Year	Month/Year				
City _____ State _____ Phone # _____								

May we contact your present employer?  Yes  No Comment:

NAME OF COMPANY	From		To		Job Title / Duties	Pay rate	Reason for Leaving	Name of Supervisor
	Month/Year	Month/Year	Month/Year	Month/Year				
City _____ State _____ Phone # _____								

NAME OF COMPANY	From		To		Job Title / Duties	Pay rate	Reason for Leaving	Name of Supervisor
	Month/Year	Month/Year	Month/Year	Month/Year				
City _____ State _____ Phone # _____								

NAME OF COMPANY	From		To		Job Title / Duties	Pay rate	Reason for Leaving	Name of Supervisor
	Month/Year	Month/Year	Month/Year	Month/Year				
City _____ State _____ Phone # _____								

NAME OF COMPANY	From		To		Job Title / Duties	Pay rate	Reason for Leaving	Name of Supervisor
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NAME OF COMPANY	From		To		Job Title / Duties	Pay rate	Reason for Leaving	Name of Supervisor
	Month/Year	Month/Year	Month/Year	Month/Year				
City _____ State _____ Phone # _____								

NAME OF COMPANY	From		To		Job Title / Duties	Pay rate	Reason for Leaving	Name of Supervisor
	Month/Year	Month/Year	Month/Year	Month/Year				
City _____ State _____ Phone # _____								

EDUCATION	Print name and city/state for each school listed	Dates	Type of course/major	Graduated?	Degree / certificate received
High School		From:			
		To:			
Trade School/ Vocational		From:			
		To:			
College		From:			
		To:			
Other		From:			
		To:			

Are you presently in school?  Yes  No If yes, give expected completion date: \_\_\_\_\_

What types of machinery or equipment can you operate? \_\_\_\_\_

Typing speed: \_\_\_\_\_ wpm Ten-key adding machine by touch?  Yes  No Computer skills?  Yes  No

Please list any computer software with which you are familiar: \_\_\_\_\_

Will you abide by the safety rules of this company?  Yes  No

If injured, will you accept the medical facility recommended by the company?  Yes  No

Have you ever been convicted of a criminal offense?  Yes  No

If yes, please complete the section below. (Note: Prior conviction(s) will not necessarily cause disqualification.)

DATE	NATURE OF CONVICTION	WHERE	DISPOSITION OF OFFENSE

**PLEASE READ THE FOLLOWING INFORMATION CAREFULLY AND SIGN AT BOTTOM  
IF YOU HAVE ANY QUESTIONS, PLEASE CLARIFY THEM BEFORE SIGNING THIS FORM.**

This company is an equal opportunity employer and selects individuals best matched for the job based upon job-related qualifications regardless of race, color, creed, sex, national origin, age, or disability. I certify that the information I have provided on this form is accurate and complete to the best of my knowledge. I understand that any misrepresentation, inaccuracy, or omission of facts on this application may result in disqualification for employment or immediate termination of my employment, regardless of how or when discovered. I authorize the Company to investigate all information and to obtain personal and professional references, employment and education information, and other background information as required to arrive at an employment decision. I hereby request and authorize organizations and individuals with which I have been affiliated or employed to release this information, and will hold such organizations and individuals harmless for doing so. I also hereby release the Company, its officers, employees, representatives, or agents from any and all liability and/or damage incurred by myself in obtaining such information.

I understand that if I have a physical or mental impairment that substantially limits one or more of my major life activities, or a record of such impairment, or if I otherwise believe myself to be covered by the Americans with Disabilities Act, I can advise the Company at any time during the application, interview, or hiring process about the accommodations the Company could make to enable me to perform the essential functions of the job I am seeking. I understand that submission of information regarding reasonable accommodation is voluntary and that my refusal to provide it will not subject me to adverse treatment in the employment process. I further understand that information obtained by the Company regarding my disability will be kept confidential, except that if hired, (1) supervisors and managers may be informed regarding restrictions on my work or duties, and regarding necessary accommodations; (2) first aid and safety personnel may be informed, when and to the extent appropriate, if the condition might require emergency treatment; and (3) government officials investigating compliance with the Americans with Disabilities Act may be informed. In this connection, I authorize any physician or hospital to release to the Company any information that may be necessary to determine my ability to perform the essential functions of a job for which I am being considered prior to employment or during my employment with the Company. If offered employment, the Company may require me to take a physical examination and drug and alcohol screen, including urinalysis, the results of which I agree can be reported to the Company.

I understand that as a matter of Company policy, my employment and compensation shall only continue so long as mutually agreeable, and may be terminated by the Company or me without cause or notice. No manual, policy or statement made by any Company representative (other than a formal agreement signed by an officer of the Company and me) constitutes a contract of employment, whether express or implied, for any specific period of time or upon any continuing term.

If hired, I agree to conform to Company policies and expectations as outlined in the Employee Handbook, and as issued from time to time. I also agree that I will familiarize myself with the contents of the Employee Handbook and will ask for clarification of any questions I may have. I understand that this application will remain active for sixty (60) days, and if I have not been hired by that date, I must complete a new application to be considered for future employment.

**Applicant Signature** \_\_\_\_\_ **Date** \_\_\_\_\_



**CONSENT AND RELEASE TO DRUG AND ALCOHOL TESTING**

This is to certify that I, \_\_\_\_\_, the undersigned, declare that I have been requested by AZZ incorporated and/or its customers, as a condition to initial and/or continued employment, to voluntarily submit to an oral saliva sample, urinalysis, breath alcohol, or other state approved drug screening examination for purposes relating solely to determining whether I am presently under the influence of alcohol, or illegal or controlled drugs or intoxicants; that I understand that I have the right to refuse to submit to such testing, and that such refusal will be treated in the same manner as positive test result for purposes of discipline under the Company's policy; that I understand that I will not incur the costs of such testing; and that I understand I may request and receive, free of charge, a copy of the results of such testing.

I voluntarily consent to submit to an oral saliva sample, urinalysis, breath alcohol, or other state approved drug screening examination in response to the request by AZZ incorporated.

I have read the above Consent to Drug and/or Alcohol Testing and release and certify that I have signed this document of my own free will and accord, and fully understand the context of this document. I understand that the results and/or my documented consent may be provided to AZZ incorporated's customers as proof that I'm willing and able to perform such job and represent AZZ incorporated to the highest applicable standards. I am encouraged to consult with any member of management of AZZ incorporated regarding questions I may have regarding the terms of this Consent, and agree that this policy and testing are established in such manner to balance the employee and applicants rights of privacy with the needs of the Company and the safety of co-employees.

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Social Security #

\_\_\_\_\_  
Printed Name



**EEO / VETS-100 Reporting Form**

This information will be maintained separately from the employee personnel file and will not be used to qualify an applicant for employment.

**Ethnicity/Race: (Check One)**

This information is reported annually as required by the United States Equal Employment Opportunity Commission.

Male     Female

Are you Hispanic or Latino?     Yes     No  
If No, check one below:

- Two or more races
- Asian
- Native Hawaiian or Other Pacific Islander
- Black
- White
- American Indian or Alaskan Native

**Veteran Status: (Check all that apply)**

This information is reported annually to the United States Department of Veteran’s Employment Training Service.

- Vietnam Era Veteran
- Disabled Veteran
- Other Qualified Veteran \*
- Newly Separated Veteran\*\*

\*Other Qualified Veteran includes those who served in a “war” and those who served in a campaign or on an expedition for which a campaign badge has been awarded. Optional: Name of War, Campaign, or Expedition \_\_\_\_\_.  
\*\*Newly Separated Veteran means any veteran who served on active duty in the U.S. military, ground, naval or air service during the one-year period beginning on the date of such veteran’s discharge or release from active duty.

\_\_\_\_\_  
Employee Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Employee – Print Name

\_\_\_\_\_  
SSN

For Employer Use Only:			
Ethnicity Disclosed:	<input type="checkbox"/>	Yes	<input type="checkbox"/>
		No	<input type="checkbox"/>