

EMPLOYMENT HISTORY

Please give accurate, complete full-time and part-time employment record. Start with present or most recent employer and provide at least **SEVEN (7) YEARS WORK HISTORY**.

Company Name	Telephone Number
Address (including City and State)	Employed From: (mm/yy) To: (mm/yy)
Name of Supervisor	Hourly Pay Starting: Ending:
Job Title & Work Performed	Reason for Leaving

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APPLICANT'S STATEMENT:

I certify that the information provided in this Application for Employment is true, accurate and complete. If employed, any misstatement or omission of fact on this application may result in my dismissal. I authorize investigation of any information herein that may be necessary to arrive at an employment decision.

I understand that nothing in this employment application or in the granting of an interview is intended to create an employment contract between Main Industries, Inc. and myself for either employment or for the providing of any benefit. No promise regarding employment has been made to me and I understand that no such promise or guarantee is binding upon Main Industries, Inc. unless it is made in writing. If an employment relationship is established, it is an "At Will Status" relationship and I further understand that I have the right to terminate my employment at any time and that Main Industries, Inc. retains the same right.

This application will be considered active for a maximum of ninety (90) calendar days. If you wish to be considered for employment after that time, you must re-apply.

DATE

SIGNATURE

(REV 3/08)

VOLUNTARY APPLICANT AFFIRMATIVE ACTION INFORMATION SHEET

As an Equal Opportunity Employer, we do not discriminate on the basis of race, color, religion, sex, age, national origin, disability, veteran status, or any other classification protected by federal, state, or local law. As a federal contractor, we comply with the government regulations and affirmative action responsibilities where applicable.

Completion of the data is voluntary and will not affect your opportunity for employment. This information is solely to help us comply with government record keeping, reporting and other legal requirements and will be kept in a confidential file separate from the Application for employment. Thank you for your cooperation.

Position(s) applied for: _____ Date _____

Referral Source:

Advertisement Friend Relative Walk-in other _____
(Please list)

Applicant Information

Name: _____ Phone Number: (____) _____
Last First Middle Area code and number

Address: _____
Street City State Zip Code

Sex (check one) Male Female

Race/Ethnicity:

Please check one of the following Equal Employment Opportunity Identification Groups:

Hispanic or Latino – A person of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin regardless of race

White (Not Hispanic or Latino) – A person having origins in any of the original peoples of Europe, the Middle East, or North Africa

Black or African American (Not Hispanic or Latino) – A person having origins in any of the black racial groups of Africa

Native Hawaiian or Other Pacific Islander (Not Hispanic or Latino) – A person having origins in any of the peoples of Hawaii, Guam, Samoa, or other Pacific Islands

Asian (Not Hispanic or Latino) – A person having origins in any of the original peoples of the Far East, Southeast Asia, or the Indian Subcontinent, including, for example, Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand, and Vietnam

American Indian or Alaska Native (Not Hispanic or Latino) – A person having origins in any of the original peoples of North and South America (including Central America), and who maintain tribal affiliation or community attachment

Two or More races (Not Hispanic or Latino) – All persons who identify with more than one of the above five races.

(REV 3/08)

MAIN INDUSTRIES, INC.

Applicant's Name: _____

Main needs to know whether or not applicant has any of the following qualifications and/or certifications, so if you have been certified through a valid course of instruction by an accredited organization or institution please check "certified" and provide us a copy of the certification/qualification. If you have not been certified please check "N/A".

	CERTIFIED **	N/A
C.7 Abrasive Blaster		
C.13 Water Jetter (Blaster)		
M-PCAC Sprayer		
M-PCAC Operator		
Staging/scaffolding Competent Person		
Coating Inspector		
NBPI		
NACE: Level _____		
Shipyard Competent Person		
Industrial Competent Person		
Lead Certification		
C.3		
C.5		
Lead/Chromium Training		
First Aid/CPR		
Forklift/Aerial Lift Training		
Other: Specifics _____		

**** ANY CLAIMS OF CERTIFICATION WILL REQUIRE A COPY OF THE CERTIFICATION OR OTHER PROOF UPON HIRING.**