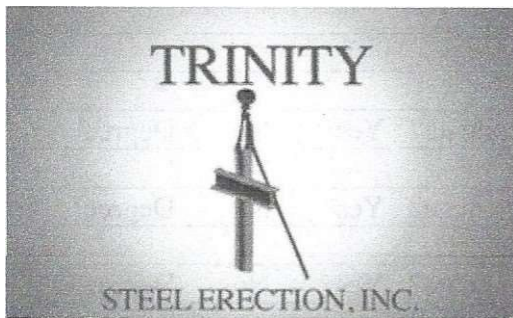




APPLICANT INFORMATION:			
LAST NAME:		FIRST:	MI: DATE:
STREET ADDRESS:			APT/UNIT:
CITY:	STATE:		ZIP CODE:
EMAIL:	PHONE #:	DATE OF BIRTH:	SOCIAL SECURITY #:
REQUIRED: Circle the positions where you have experience: Ironworker Welder Rigger Crane Operator Reading Plans			
Are you a citizen of the United States?	Yes	No	If no, are you authorized to work in the U.S.? Yes No
Have you ever been convicted of a crime?	Yes	No	If yes: Misdemeanor Felony
Do you have a valid driver's license?	Yes	No	REAL ID: YES NO
Do you have your own transportation to work?	Yes	No	If no, explain:
Do you have the tools needed for the position you are applying for?	Yes	No	If yes, list tools:
Do you have certifications?	Yes	No	If yes, list certifications:
PREVIOUS EMPLOYMENT			
Company		Phone	
Address		Supervisor	
Job Title		From	To
Responsibilities:			
Reason for Leaving.			
May we contact your previous supervisor for reference? Yes No			

Company	Phone
Address	Supervisor
Job Title	From To
Responsibilities:	
Reason for Leaving:	
May we contact your previous supervisor for reference? Yes No	

EDUCATION	
High School	City/State
From To	Did you graduate? Yes Degree
College	City/State
From To	Did you graduate? Yes No Degree
Other	City/State
From To	Did you graduate? Yes Degree

MILITARY SERVICE		
Branch	Active: Yes No	From To
Rank at Discharge	Type of Discharge:	
If other than honorable, explain:		

REFERENCES	
Please list three professional or personal references. By listing these references you allow Trinity Steel to verify employment and check references.	
1. Full Name	Relationship
Company	Phone
Address	
2. Full Name	Relationship
Company	Phone
Address	
3. Full Name	Relationship
Company	Phone
Address	

WORK REQUIREMENTS

I understand that the nature of this work requires (at a minimum) the ability to:

	YES	NO
1. Follow instructions from a supervisor	_____	_____
2. Read and Write English	_____	_____
3. Measure distances/Perform basic math operations	_____	_____
4. Lift weight over 50 lbs on a frequent basis	_____	_____
5. Reach overhead and to the ground	_____	_____
6. Stand or walk for long periods of time	_____	_____
7. Climb ladders or stairways	_____	_____
8. Balance and walk on narrow beams	_____	_____
9. Work outdoors in extreme conditions	_____	_____
10. Work for extended periods of time	_____	_____
11. Work on or around heavy equipment	_____	_____

Check One:

I will be able to perform the job duties outline above without accommodations. _____

I will need accommodations to perform the job duties outlined above. If so, please describe: _____

I certify that my answers are true and complete to the best of my knowledge.

If this application leads to employment, I understand that false or misleading information in my application or interview may result in my release.

I freely and voluntarily agree to submit to a drug screen as part of my application for employment. I understand that either refusal to submit to the drug screen or failure to qualify according to the minimum standards established by the company for this drug screen may disqualify me from further consideration for employment.

I further understand that upon commencement of employment with the company, I may again be required to submit to a drug screen. I understand that refusal to take a requested drug screen may result in immediate suspension or discharge.

The confidentiality of any information received by the employer through a substance abuse testing program shall be maintained except as otherwise provided by law.

I have read and understand the above statements and conditions of employment, or I will ask to have someone explain this information to me.

Signature: _____

Date: _____

Emergency Contact Name: _____

Phone Number: _____

Relation: _____

FAX APPLICATIONS TO 804-598-0762

E-MAIL: anthonywashington@trinitysteelerection.com

10/2026