



hth companies, inc.

Mechanical Insulation • General Contracting

Scaffold • Erection • Waterblasting • Industrial • Maintenance

Return By Fax: (636) 583-5971

APPLICATION FOR EMPLOYMENT

An Equal Opportunity Employer. All applicants will be treated fairly in conformity with all existing federal and state laws. In answering the questions below, if you have any doubt as to the propriety or legality, ask the Personnel Office for an explanation of the question.

If you are offered a position with hth companies, inc., you must pass a drug screening and pass E-Verify before you are allowed to commence work.

PERSONAL

Name _____ Date _____
Last First M.I.

Present Address _____
Number Street City State Zip

Home Phone _____ Cell Phone _____ Email _____

Are you at least 18 years of age? ____ Yes ____ No

GENERAL

Position Applying For _____

Pay Rate of Last Position _____

Date Available For Work _____

How were you referred to this organization? _____

Do you have any relatives in our employ? ____ Yes ____ No

If Yes, give details: Name(s) _____ Relationship _____

239 Rock Industrial Blvd. Suite 108
Union, Missouri 63084
Phone: (636) 583- 8698
Fax : (636) 583- 5971
Website: hthcompanies.com





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Have you ever worked for this organization before? ____ Yes ____ No

If Yes, give details: Date _____ Position _____

Your position with hth companies, inc. will require travel. Since travel requires reliable transportation, what means of transportation do you have? _____

Please check any of the following tasks you have performed

- Mechanical insulation Welding Other (please list)
- Scaffold erection Millwright _____
- Pipe fitting Carpentry _____

EDUCATION

High School _____	Name & Location	Course of Study	Degree Received
College _____	Name & Location	Course of Study	Degree Received
Trade/Tech School _____	Name & Location	Course of Study	Degree Received
Other _____	Name & Location	Course of Study	Degree Received

EMPLOYMENT HISTORY

Most Recent or Present Employer

Name of Company _____ From _____ To _____

Address _____ Phone () _____

Your Job Title and Duties _____

Supervisor _____ Starting Pay _____ Ending Pay _____

Reason for Leaving _____



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Next Previous Employer

Name of Company _____ From _____ To _____
Address _____ Phone () _____
Your Job Title and Duties _____
Supervisor _____ Starting Pay _____ Ending Pay _____
Reason for Leaving _____

Next Previous Employer

Name of Company _____ From _____ To _____
Address _____ Phone () _____
Your Job Title and Duties _____
Supervisor _____ Starting Pay _____ Ending Pay _____
Reason for Leaving _____

Next Previous Employer

Name of Company _____ From _____ To _____
Address _____ Phone () _____
Your Job Title and Duties _____
Supervisor _____ Starting Pay _____ Ending Pay _____
Reason for Leaving _____

Certification

I certify that the information contained in this application is correct to the best of my knowledge and understand that falsification or misrepresentation is grounds for dismissal in accordance with the hth companies, inc.'s policy.

In consideration of my employment, I agree to conform to the rules and regulations of hth companies, inc and my employment and compensation can be terminated, with or without cause, and with or without notice, at any time, at the option of either the Company or myself.

I authorize the references listed in this application to give you any and all information that they may have, and release all parties from all liability for any damage that may result from furnishing same to you.

Application is kept on file for 60 days from application date.

Applicant's Signature _____ Date _____