



Southwest Refractory of Texas, LP  
PO Box 1308  
Alvin, TX 77512

Print Name: \_\_\_\_\_

Social Security Number: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Date of Application: \_\_\_\_\_

Signature: \_\_\_\_\_

How/Where did you hear about this position? \_\_\_\_\_

**FOR INTERNAL PURPOSES ONLY:**

Application Received by: \_\_\_\_\_

Color copies (Front & Back): Please initial

DL/ID: \_\_\_\_\_ SSN: \_\_\_\_\_

TWIC: \_\_\_\_\_ Safety Council: \_\_\_\_\_

# APPLICATION FOR EMPLOYMENT

**This application is valid for thirty (30) calendar days only.**

Southwest Refractory is an Equal Opportunity Employer. Race, color, religion, age, sex, national origin or ancestry, marital status, status as a disabled or Vietnam era veteran, union affiliation or status as a qualified individual with a disability and any other categories protected by the Federal and State law are not factors in employment, promotion, compensation or working conditions.

## BASICS

Full Legal Name: \_\_\_\_\_

Street Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Cell Phone: \_\_\_\_\_ Other Phone: \_\_\_\_\_

Drivers License Number: \_\_\_\_\_ State Issued: \_\_\_\_\_

**OR**  
State Identification Number: \_\_\_\_\_ State Issued: \_\_\_\_\_

Have you previously worked for SWR? (Circle One) Yes No

If yes, what plant/job?: \_\_\_\_\_

Do you have friends or relatives working for SWR? (Circle One) Yes No

If yes, state name and relationship: \_\_\_\_\_

## EDUCATION

Name of High School, City & State: \_\_\_\_\_

Graduated? (Circle One) Yes No If no, number of years completed: \_\_\_\_\_

Name of Trade School/ College, City & State: \_\_\_\_\_

Graduated? (Circle One) Yes No If no, number of years completed: \_\_\_\_\_

Do you speak, read or write any foreign languages? (Circle One) Yes No

If yes, which language(s): \_\_\_\_\_

Special Certifications, if any:

\_\_\_\_\_  
\_\_\_\_\_

## PREVIOUS WORK HISTORY

For background check purposes, we require the last 7 years of employment history.

Please complete as thoroughly as possible for the last 7 years.

Name of Company: \_\_\_\_\_

Company City, State & County: \_\_\_\_\_

Start Date: \_\_\_\_\_ End Date: \_\_\_\_\_

Position & Duties: \_\_\_\_\_

Reason for Leaving: \_\_\_\_\_

Name of Company: \_\_\_\_\_

Company City, State & County: \_\_\_\_\_

Start Date: \_\_\_\_\_ End Date: \_\_\_\_\_

Position & Duties: \_\_\_\_\_

Reason for Leaving: \_\_\_\_\_

Name of Company: \_\_\_\_\_

Company City, State & County: \_\_\_\_\_

Start Date: \_\_\_\_\_ End Date: \_\_\_\_\_

Position & Duties: \_\_\_\_\_

Reason for Leaving: \_\_\_\_\_

Name of Company: \_\_\_\_\_

Company City, State & County: \_\_\_\_\_

Start Date: \_\_\_\_\_ End Date: \_\_\_\_\_

Position & Duties: \_\_\_\_\_

Reason for Leaving: \_\_\_\_\_

Name of Company: \_\_\_\_\_

Company City, State & County: \_\_\_\_\_

Start Date: \_\_\_\_\_ End Date: \_\_\_\_\_

Position & Duties: \_\_\_\_\_

Reason for Leaving: \_\_\_\_\_

Name of Company: \_\_\_\_\_

Company City, State & County: \_\_\_\_\_

Start Date: \_\_\_\_\_ End Date: \_\_\_\_\_

Position & Duties: \_\_\_\_\_

Reason for Leaving: \_\_\_\_\_

## SKILLS, EXPERIENCE & TRAINING

Please check the box next to the skill (☑) if applicable; insert number of years experience in skill.

Applicable	Skill	# Years
<b>EQUIPMENT OPERATION:</b>		
<input type="checkbox"/>	Crane Operation	
<input type="checkbox"/>	Dozer Operation	
<input type="checkbox"/>	Signals Operation	
<input type="checkbox"/>	Backhoe Operation	
<input type="checkbox"/>	Forklift Operation	
<input type="checkbox"/>	Class A CDL	
<b>BRICK INSTALLATION:</b>		
<input type="checkbox"/>	Installing Kiln Brick	
<input type="checkbox"/>	Installing Acid Brick	
<input type="checkbox"/>	Installing Brick Connections	
<input type="checkbox"/>	Installing Refractory Brick	
<b>WELDING:</b>		
<input type="checkbox"/>	Welder – Anchors	
<input type="checkbox"/>	Welder – Hex	
<input type="checkbox"/>	Welder – Stainless	
<input type="checkbox"/>	Welder – Plate	
<b>FIREPROOFING:</b>		
<input type="checkbox"/>	Fireproofing – Sand/Concrete	
<input type="checkbox"/>	Fireproofing - Chartek	

Applicable	Skill	# Years
<b>OPERATOR:</b>		
<input type="checkbox"/>	Gunite Nozzleman	
<input type="checkbox"/>	Shotcrete Nozzleman	
<input type="checkbox"/>	Allentown Gunite Operator	
<input type="checkbox"/>	Shotcrete Nozzleman	
<input type="checkbox"/>	Shotcrete Pump Operator	
<b>OTHER:</b>		
<input type="checkbox"/>	Safety Attendant	
<input type="checkbox"/>	Fire Watch	
<input type="checkbox"/>	Scaffold Builder	
<input type="checkbox"/>	Vibe Casting	
<input type="checkbox"/>	Masonry Skills	
<input type="checkbox"/>	Forming	
<input type="checkbox"/>	Mechanic	
<input type="checkbox"/>	Chipping Hammers	
<input type="checkbox"/>	Mortar Mixing	
<input type="checkbox"/>	Brickmason Foreman	
<input type="checkbox"/>	Superintendent	
<input type="checkbox"/>	Bricklayer Helper/Laborer	
<input type="checkbox"/>	Labor Foreman	

**Please complete if you have/had the following safety training:**

Safety Training	Expiration Date	Issuing Council
Basic Plus/Ref		
Confined Space		
Scaffold User		
Forklift		
Pulmonary Function Test		
Fit 3 Masks		
<b>Please list masks obtained:</b>		
MSHA		
OSHA 10hr 30hr		
Hazwoper 8hr 40hr		

Union Affiliation	Local
IUBAC	
LIUNA	
AFL/CIO	

Do you have a valid TWIC card?      Yes      No