

# Employment Application

**STEELFAB**

EQUAL OPPORTUNITY EMPLOYER: It is our policy to abide by all Federal and State laws prohibiting employment Discrimination solely on the basis of a person's race, religion, color, national origin, sex, age (over 40), physical handicap, disability, marital status, sexual orientation, veteran status or citizenship status, (except where a bona fide occupational qualification exists).

**BACKGROUND INFORMATION (please use ink and print)**

Today's Date: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

Name (Last) \_\_\_\_\_ (First) \_\_\_\_\_ (Middle) \_\_\_\_\_

CURRENT ADDRESS (Street) \_\_\_\_\_ (City) \_\_\_\_\_ (State) \_\_\_\_\_ (Zip) \_\_\_\_\_

SOCIAL SECURITY NUMBER	TELEPHONE NUMBERS
	Home: _____ Cell: _____

If necessary to verify information listed in this application, please list other NAMES by which you are or have been known, for example, other legal names:  _____ _____ _____	Have you ever been convicted of a felony or pleaded no contest or been convicted of a misdemeanor resulting in imprisonment or a fine over \$500 during the last ten years? (Conviction will not necessarily disqualify an applicant. The seriousness of the crime and date of conviction will be considered.) Yes _____ No _____ If yes, explain _____  If hired, can you provide proof of citizenship or right to work in the United States? Yes _____ No _____ State if under age 18 _____ Do you have reliable transportation to work? _____
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**EDUCATION**

Name	Address	City	State	Major Course or Subject	Circle Last Year Completed	Dates Attended	Degrees / GPA
High School or Preparatory					1 2 3 4	N/A	
Technical/Vocational					1 2 3 4		
College or University					1 2 3 4		

List any other education, training, special skills or certificates/licenses that you possess related to this job: \_\_\_\_\_

List any machines or equipment that you are qualified and experienced at operating which may be useful for this job: \_\_\_\_\_

List scholastic honors, offices held, and activities in school: \_\_\_\_\_

**JOB SPECIFICATION/INFORMATION**

Have you ever been employed here before? \_\_\_\_\_ (Dates) \_\_\_\_\_  
 Yes \_\_\_\_\_ No \_\_\_\_\_ From: \_\_\_\_\_ To: \_\_\_\_\_ Department: \_\_\_\_\_

Have you ever interviewed here before? \_\_\_\_\_ If "Yes", When: \_\_\_\_\_  
 Yes \_\_\_\_\_ No \_\_\_\_\_ What Position: \_\_\_\_\_

For what position are you applying? \_\_\_\_\_ Rate of pay expected? \_\_\_\_\_

1. I acknowledge that I have read and understand the written job description covering the above job.
2. I acknowledge that I am capable of performing the above job as described in the job description.
3. Check one of the items below:  
 \_\_\_\_\_ I do not need any special accommodation(s) in order to perform the job properly and safely (for example: special furniture or equipment).  
 \_\_\_\_\_ I need the following special accommodation(s) in order to perform the job properly and safely: \_\_\_\_\_  
 \_\_\_\_\_
4. Are you seeking: Full-Time \_\_\_\_\_ Part-Time \_\_\_\_\_ Specify days & hours if Part-Time \_\_\_\_\_
5. Will you work any shift? Yes \_\_\_\_\_ No \_\_\_\_\_ If yes, shift preferred: \_\_\_\_\_  
 If no, shift you will work: \_\_\_\_\_
6. If your application is considered favorable, on what date will you be available for work? \_\_\_\_\_
7. Are you presently employed? Yes \_\_\_\_\_ No \_\_\_\_\_ If yes, may we contact you present employer? Yes \_\_\_\_\_ No \_\_\_\_\_
8. For driving jobs only: Do you have a valid driver's license? Yes \_\_\_\_\_ No \_\_\_\_\_  
 Driver's License # \_\_\_\_\_ State Issued: \_\_\_\_\_

**EMPLOYMENT HISTORY**

Please list last four employers with current employment first. List ALL employers and include military services.

Name of Employer: _____ Address: _____ City: _____ St: ____ Zip: _____ Phone #: _____ Supervisor: _____	Employment Dates From: To:	Job Title: Duties:	Wages Starting: Ending:	Reason for Leaving
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Please list below three work-related professional reference (not relatives) who have known you at least one year and whom you can contact.

Name	Company	Work Relationship (i.e. - Supervisor)	City, State	Daytime Phone Number

Is there anything else you would like us to know about you? \_\_\_\_\_

**APPLICANT'S CERTIFICATION**

I authorize without liability investigation of all statements in this application. I expressly waive all provisions of law prohibiting any person, or other Institution from disclosing to the Company any knowledge or information thereby required.

I authorize all schools which I attended and all previous employers to furnish the Company my record, reason for leaving and all information that may have concerning me and I hereby release them and the Company from all liability for any damage whatsoever arising therefrom.

I authorize my neighbors, friends or others with whom I am acquainted or who are acquainted with me to furnish the company with information used in connection with the evaluation of my qualifications as a prospective employee. I also may be required to authorize the making of a credit bureau investigative report whereby information may be obtained concerning my character, general reputation, personal characteristics and mode of living, whichever may be applicable. I understand I will be notified if such an investigative report is obtained and I will have the right to make a written request within a reasonable period of time for a complete and accurate disclosure of information concerning the nature and scope of the investigation.

I understand that in the event of my employment by the Company, it shall be sufficient cause for dismissal if any of the information I have given in this application is false or if I have failed to give any information requested. In the event of my employment by the Company, I agree to abide by all present and subsequently issued roles of the Company. I understand that if employed, I have been hired at the will of the employer and that my employment may be terminated at will, at any time, and with or without just cause, the employer's only obligation being to pay wages due and owing at the time of termination.

Applicant's Signature \_\_\_\_\_ Date \_\_\_\_\_



***NOTICE TO APPLICANTS***

***STEELFAB***

**ALCOHOL & DRUG TESTING POLICY**

Including Department of Transportation (DOT) Regulated Positions

Due to the health and safety risks of alcohol & drug abuse, applicants selected for employment by SteelFab will be required to undergo a drug test. A positive test result, indicating illegal drug use, will disqualify you from consideration for employment. A negative test result, indicating being free of drugs, will not guarantee employment.

Any applicants not willing to comply with this requirement may simply excuse themselves prior to completing the attached application form.

All DOT regulated positions are subject to additional testing as required by DOT, during employment with SteelFab.

I understand and agree to the above testing requirements:

\_\_\_\_\_  
Applicant Name (please print)

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date



## Voluntary Information for Government Monitoring Purposes

This organization is an Equal Opportunity/Affirmative Action Employer

The information below is needed to measure the effectiveness of our recruitment efforts and is in conformity with federal government guidelines which require us to compile statistical information about applicants for employment. You are not required to furnish this information, but are encouraged to do so. The law provides that an employer may neither discriminate on the basis of this information, nor on whether you choose to furnish it. However, if you choose not to furnish it, under federal regulations, this employer is required to note race and sex on the basis of visual observation or surname.

This Voluntary Information Sheet will be kept in a confidential file separate from the Application for Employment.  
(please print)

Date: \_\_\_\_\_ Name: \_\_\_\_\_

Position Applied For: \_\_\_\_\_

I wish to furnish this information: \_\_\_\_\_

I do not wish to furnish this information: \_\_\_\_\_

Please check the appropriate selection: \_\_\_\_\_ Male \_\_\_\_\_ Female

### ETHNICITY CATEGORY (please check one)

\_\_\_\_\_ WHITE (Not of Hispanic origin) – All person having origins in any of the original peoples or Europe, North Africa or the Middle East.

\_\_\_\_\_ BLACK (Not of Hispanic origin) – All persons having origins in any of the black racial groups of Africa.

\_\_\_\_\_ ASIAN (not Hispanic or Latino) – All persons having origins in any of the original peoples of the Far East, Southeast Asia or the Indian Subcontinent. This area includes, for example, Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, Thailand, Vietnam and the Philippine Islands.

\_\_\_\_\_ PACIFIC ISLANDER (not Hispanic or Latino) – All persons having origins in any of the original peoples of Guam, Samoa or other Pacific Islands.

\_\_\_\_\_ AMERICAN INDIAN OR ALASKA NATIVE (not Hispanic or Latino) – All persons having origins in any of the original peoples of North America, and who maintain cultural identification through tribal affiliations or community recognition.

\_\_\_\_\_ HISPANIC OR LATINO – All persons of Mexican, Puerto Rican, Cuban, Central or South American, or other Spanish culture or origin, regardless of race.

Please check if the following categories are applicable:

\_\_\_\_\_ DISABLED INDIVIDUAL – Any person who (1) has a physical or mental impairment that substantially limits one or more of his or he major life activities, (2) has a record of such impairment, or (3) is regarded as having such an impairment. A handicap is “substantially limiting” if it is likely to cause difficulty in securing, retaining, or advancing in employment.

\_\_\_\_\_ VETERAN ELIGIBILITY – Served in armed forces between August 5, 1964 and May 7, 1975.

\_\_\_\_\_ DISBLED VETERAN ELIGIBILITY – A veteran with a disability, service connected or otherwise.

\_\_\_\_\_ Do you have any relatives working here or at affiliated companies? \_\_\_\_\_ Yes \_\_\_\_\_ No

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

Relationship: \_\_\_\_\_ Company: \_\_\_\_\_

How Were You Referred to Our Company? \_\_\_\_\_ Newspaper Advertisement \_\_\_\_\_ School

\_\_\_\_\_ A Private Employment Agency \_\_\_\_\_ A Relative or Friend \_\_\_\_\_ Current Employee

\_\_\_\_\_ Other; Explain: \_\_\_\_\_