

Employment Application

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).

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BACKGROUND INFORMATION (please use ink and print) Name (Last) (First)				Today's Dat	:e:	/	/ (Middle)	
		(1 1131)					(iviidale)	
(Street)				(City)		(State)	(Zip)	
MBER		TELEPHONE	NUMBERS	3				
		Home: Cell:						
If necessary to verify information listed in this application,		Have you ever been convicted of a felony or pleaded no contest or been convicted						
please list other NAMES by which you are or have been known, for example, other legal names:								
		If hired, can y	ou provide	proof of citize	enship or	right to work in the	United Stat	es?
					work?			
		. ,			-			
					Major			
						Circle Last Vear	Dates	Degrees
	Address	City	State		Subject	Completed	Attended	GPA
ory						1 2 3 4	N/A	
						1 2 3 4		
training analial	akilla ar aartifiaataa/liaan	and that you not	ann rolatad	to this ish.		1 2 3 4		
training, special	Skiiis or certificates/ficeri	ises triat you poss	ess relateu	to this job.				
uipment that you	are qualified and experie	nced at operating	which may	be useful for	this job:			
ffices held, and a	activities in school:							
•	(24:00)			5				
				Department	·			
	What Positi	ion:						
u applying?						Rate of pay exped	cted?	
dge that I have r	ead and understand the v	written job descrip	tion coverin	g the above	job.			
dge that I am ca	pable of performing the a	bove job as descr	ribed in the	job descriptio	n.			
of the items bel	ow:							
I do not need	any special accommoda	tion(s) in order to	perform the	job properly	and safe	ly (for example: sp	ecial	
		()	•	, , , ,				
	,	dation(s) in order t	to perform t	he ioh prope	lv and sa	felv:		
1 11000 1110 101	lowing opeoids decermined	adion(o) in order t	о ролопп п	ilo jos propo	iy ana ca			_
eking: Full-Time	e Part-Time	_ Specify days &	hours if Pa	rt-Time				_
ork any shift?	Yes No	If yes, shift pr	eferred:					
		If no, shift you	ı will work:					
lication is consid	lered favorable, on what o							
esently employe	d? Yes No		If yes, may	we contact y	ou prese	nt employer? Yes	No _	
jobs only: Do y	ou have a valid driver's li	cense? Yes	No	_				
						State Iss	ued:	
	(Street) MBER Ormation listed in the by which you are relegal names: Ory Ory Ory Ory Ory Ory Ory Or	MATION (please use ink and print) (Street) MBER Demation listed in this application, by which you are or have been er legal names: Address Ory Otates/licen If "Yes", W What Posit Orgethat I have read and understand the orgethat I have	(Street) MBER TELEPHONE Home: Home: Have you eve of a misdem years? (Con of the crime a Yes Note New you have New you have	MATION (please use ink and print) (Street) MBER TELEPHONE NUMBERS Home: Have you ever been come of a misdemeanor result years? (Conviction will not the crime and date of the crime and the order of the crime and th	(Street) (City) (Street) (City) (Street) (City) (Street) (City) (Street) (City) (Street) (City) (MBER TELEPHONE NUMBERS Home: Home:	(Street) (City) MBER TELEPHONE NUMBERS Home: Celi: Celi: Celi: Now of a relegal names: Celi: Celi: Home: Celi: Cel	(Street) (City) (State) (Street) (City) (State) MBER TELEPHONE NUMBERS Home: Cell: Promation listed in this application, by which you are or have been or regal names: Promation listed in this application, by which you are or have been or regal names: Promation listed in this application, by which you are or have been or regal names: Promation listed in this application, by which you are or have been or regal names: Promation listed in this application, by which you are or have been or regal names: Promation listed in this application, by which you are or have been or regal names: Promation listed in this application, by which you are or have been or regal names: Promation listed in this application, by which you are or have been or regal names: Promation listed in this application, by which you are or have been or regal names: Promation listed in this application, by which you provide proof of citizenship or right to work in the yeas	MATION (please use ink and print) (First) (First) (City) (State) (City) (State) (Adde) MBER TELEPHONE NUMBERS Home: Call: Have you ever been convicted of a felony or pleaded no contest or been convicted of a felony or pleaded no contest or been convicted of a felony or pleaded no contest or been convicted of a felony or pleaded no contest or been convicted of a felony or pleaded no contest or been convicted of a felony or pleaded no contest or been convicted of a felony or pleaded no contest or been convicted of a felony or pleaded no contest or been convicted of a felony or pleaded no contest or been convicted of a felony or pleaded no contest or been convicted of a felony or pleaded no contest or been convicted of a felony or pleaded no contest or been convicted of a felony or pleaded no contest or been convicted of a felony or pleaded no contest or been convicted of a felony or pleaded no contest or been convicted of a felony or pleaded no contest or been convicted of a felony or pleaded no contest or been convicted of a felony or pleaded no contest or been convicted of a felony or pleaded no contest or been convicted of a felony or pleaded no contest or been convicted of a felony or pleaded no contest or been convicted of a felony or pleaded no contest or been convicted of a felony or pleaded no contest or been convicted or the convicted of the convicted of the convicted or pleaded no contest or been convicted or the convicted or pleaded no contest or been convicted or pleaded no contest or pleaded no contest or been convicted not not need any special accommodation(s) in order to perform the j

EMPLOYMENT HISTORY

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

Name of Employers	Employment Dates	Job Title:	Wages	Reason for Leaving		
Name of Employer:			Starting:			
Address:	From:	Duties:	Otal in ig.			
City:St: Zip:			Ending:			
Phone #:	To:		Litaling.			
Supervisor:	F1	Lab Title	NA/	December (and access		
Name of Employer:	Employment Dates	Job Title:	Wages	Reason for Leaving		
Address:	From:	Duties:	Starting:			
City: St: Zip:						
Phone #:	To:		Ending:			
Supervisor:						
	Employment	Job Title:	Wages	Reason for Leaving		
Name of Employer:	Dates					
Address:	From:	Duties:	Starting:			
City:St:Stp:						
Phone #:	To:		Ending:			
Supervisor:						
Name of Employer:	Employment Dates	Job Title:	Wages	Reason for Leaving		
Address:	From:	Duties:	Starting:			
City: St: Zip:						
Phone #:	To:		Ending:			
Supervisor:						
	ı					
Please list below three work-related professional refer	ence (not relative		whom you can cor	ntact.		
Nama		Work Relationship	- D	autima Dhana Numbar		
Name Company		(i.e Supervisor) City, Sate	e D	aytime 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