

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? _____

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? _____

- I acknowledge that I have read and understand the written job description covering the above job.
- I acknowledge that I am capable of performing the above job as described in the job description.
- 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: _____

- Are you seeking: Full-Time _____ Part-Time _____ Specify days & hours if Part-Time _____
- Will you work any shift? Yes _____ No _____ If yes, shift preferred: _____
If no, shift you will work: _____
- If your application is considered favorable, on what date will you be available for work? _____
- Are you presently employed? Yes _____ No _____ If yes, may we contact you present employer? Yes _____ No _____
- 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
Name of Employer: _____ Address: _____ City: _____ St: ____ Zip: _____ Phone #: _____ Supervisor: _____	Employment Dates From: To:	Job Title: Duties:	Wages Starting: Ending:	Reason for Leaving
Name of Employer: _____ Address: _____ City: _____ St: ____ Zip: _____ Phone #: _____ Supervisor: _____	Employment Dates From: To:	Job Title: Duties:	Wages Starting: Ending:	Reason for Leaving
Name of Employer: _____ Address: _____ City: _____ St: ____ Zip: _____ Phone #: _____ Supervisor: _____	Employment Dates From: To:	Job Title: Duties:	Wages Starting: Ending:	Reason for Leaving

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)

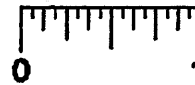
Signature

Date

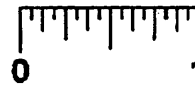
Tape Test

Name _____
Date _____

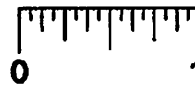
Mark $\frac{3}{16}$ "



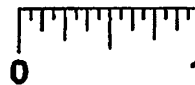
Mark $\frac{7}{8}$ "



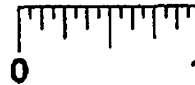
Mark $\frac{15}{16}$ "



Mark $\frac{5}{8}$ "
Subtract $\frac{3}{16}$ "



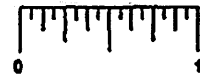
Mark $\frac{3}{4}$ "
Subtract $\frac{1}{2}$ "



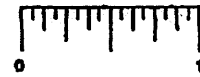
Name _____
Date _____

Tape Test

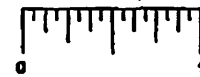
Mark $5/16$ "



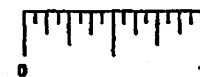
Mark $1/16$ "



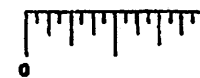
Mark $3/8$ "



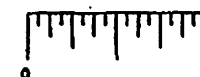
Mark $1/8$ " add $3/8$ "



Mark $5/8$ " subtract $1/16$ "



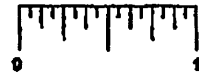
Mark $12/16$ "



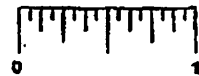
Name _____
Date _____

Tape Test

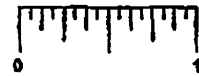
Mark $9/16$ "



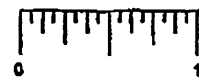
Mark $13/16$ "



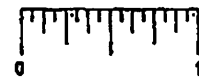
Mark $3/8$ "



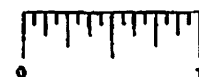
Mark $1/4$ " add $3/8$ "



Mark $15/16$ " subtract $1/16$ "



Mark $10/16$ "





SteelFab, Inc. Shop Internship- Goals and Acknowledgement
Email completed sheet to mwade@steelfab-inc.com for interview consideration.

What are your goals for this internship? We'd love to hear what you hope to achieve and learn—please share your thoughts below!

Goal 1: Description:
Goal 2: Description:
Goal 3: Description:
Goal 4: Description:

I understand that an interview does not guarantee an internship position, and that an internship does not guarantee a full-time role.

If hired, I acknowledge that my working hours would be Monday-Thursday 5:00am-3:30pm and Friday 5:00am-1:30pm.

Name: _____

Date: _____