

# **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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MATION (please	e use ink and print)	(Firet)		Today's Dat	:e:	/	/ (Middle)	
		(1 1131)					(iviidale)	
(Street)				(City)		(State)	(Zip)	
MBER		TELEPHONE	NUMBERS	3				
		Home:			Cell:			
		Have you eve			ony or ple			
	e or have been							
er iegai names.							ie seriousne	:SS
		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
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training anglial	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  Ord  Ord  Ord  Ord  Ord  Ord  Ord  Or	(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 year.   Promation listed in this position or state or provided proof of citizenship or right to work in the Yes	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 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 job property and saf

#### **EMPLOYMENT HISTORY**

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

Name of Employer:	Employment Dates	Job Title:	W	ages Reason for L	eaving
Address:		Duties:	Starting	g:	
City:St:Zip:		Duties.			
Phone #:			Ending	:	
Supervisor:					
Name of Employer:	Employment Dates	Job Title:	W	ages Reason for L	eaving
Address:		Duties:	Starting	g:	
City:St:Zip:					
Phone #:			Ending	:	
Supervisor:					
Name of Employer:	Employment	Job Title:	W	ages Reason for L	eaving
Address:	From:	Duties:	Starting	g:	
City:St:St:					
Phone #:	То:		Ending	:	
Supervisor:					
Name of Employer:	1 - 7	Job Title:	W	ages Reason for L	eaving
Address:		Duties:	Starting	g:	
City:St:St:					
Phone #:	To:		Ending	:	
Supervisor:					
Please list below three work-related profess	sional reference (not relati	ves) who have known you at Work Relationship	least one year and whom y	ou can contact.	
Name C	ompany	(i.e Supervisor)	City, Sate	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					1
I authorize without liability investigation of Institution from disclosing to the Company			all provisions of law prohibit	ing any person, or other	
montation from alcoholding to the company	any anomouge of infolling	aon aloroby roquilou.			

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 re	quirements:
Applicant Name (please print)	
Signature	 Date



# 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 2:	
Description:	
Goal 3:	
Description:	
Goal 4:	
Godt I.	
Description:	
	ew does not guarantee an internship position, and that an
internsh	ip 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: