

APPLICATION FOR EMPLOYMENT

Please fill out this entire document and print clearly in ink (if submitting a handwritten copy). Premier Fabrication is an equal opportunity employer and does not discriminate on the basis of race, color, religion, gender, sexual orientation, national origin, age, disability, marital or military status, or based on any individual's status in any group or class protected by law.

BASIC INFORMATION

Name: _____ Date: _____

Address: _____

City: _____ State: _____ Zip: _____ Phone: _____

Type of work desired: _____ Salary desired: _____ Date Available: _____

If hired, can you provide documents required to establish your eligibility to work in the U.S.? Yes No

Are you 18 years of age or older? Yes No

Have you ever been employed by Premier Fabrication? Yes No If Yes, When? _____

How were you referred to Premier Fabrication? _____

If a Premier Fabrication employee referred you, please share his/her name: _____

Do you have relatives currently employed at Premier Fabrication? Yes No If Yes, Who? _____

EDUCATION

HIGH SCHOOL OR LAST GRADE COMPLETED:

Name & Address of School: _____

Course of Study: _____ Number of years completed: _____

Degree/Diploma: _____

COLLEGE, TECHNICAL SCHOOL OR OTHER EDUCATION:

Name & Address of School: _____

Course of Study: _____ Number of years completed: _____

Degree/Diploma: _____

OTHER TRAINING, QUALIFICATIONS & SKILLS:

List other special training, experience, qualifications or skills (including military service) relevant to the position applied for.

WORK-RELATED REFERENCES

References should not include relatives.

1. _____
Name Occupation Years Known Contact Information

2. _____
Name Occupation Years Known Contact Information

3. _____
Name Occupation Years Known Contact Information

RECORD OF EMPLOYMENT

List positions starting with most recent.

Employer: _____ Telephone: _____
Address: _____
Position Title: _____ Supervisor: _____
Start Date: _____ Date Left: _____
Duties: _____
Reason for Leaving: _____
May we contact this former employer to verify the above information? Yes No

Employer: _____ Telephone: _____
Address: _____
Position Title: _____ Supervisor: _____
Start Date: _____ Date Left: _____
Duties: _____
Reason for Leaving: _____
May we contact this former employer to verify the above information? Yes No

Employer: _____ Telephone: _____
Address: _____
Position Title: _____ Supervisor: _____
Start Date: _____ Date Left: _____
Duties: _____
Reason for Leaving: _____
May we contact this former employer to verify the above information? Yes No

Employer: _____ Telephone: _____
Address: _____
Position Title: _____ Supervisor: _____
Start Date: _____ Date Left: _____
Duties: _____
Reason for Leaving: _____
May we contact this former employer to verify the above information? Yes No

STATEMENT

By signing (or typing) your name below you acknowledge the following statement. Please read it carefully.

I understand that employment with Premier Fabrication (the Organization) is at-will, meaning that I or the Organization may terminate my employment at any time, or for any reason consistent with applicable state or federal law. I authorize the Organization to conduct a thorough background investigation of my work and personal history, and verify all data given on this application and during interviews. I hereby release the Organization, and its representatives or agents, from any liability that might result from such an investigation. I authorize all individuals, schools, and firms named to provide any requested information and release them from all liability for providing the requested information. I understand that the Organization requires the successful completion of a drug and/or alcohol test as a condition of employment. I certify that all the statements in this completed application are true and understand that any falsification or willful omission shall be sufficient cause for dismissal or refusal to hire.

SIGNATURE OF APPLICANT: _____ **DATE SIGNED:** _____