

APPLICATION FOR EMPLOYMENT

PRO FABRICATION, INC. is an Equal Opportunity Employer and does not discriminate against protected class status.

Name Date

Address City State Zip

Home Phone Office Phone Other Phone

Email Address: Social Security Number:

Position Sought:

How did you learn about the position?

On what date would you be available for work? Desired Wage/Salary \$

Are you a U.S. citizen, or are you otherwise authorized to work in the U.S. without any restriction? Yes No

Have you ever been involuntarily terminated or asked to resign from any position of employment? Yes No
 If yes, please describe circumstances:

Are you a member of the U.S. Military Service? Yes No If yes, what branch?

EDUCATION

School Name	Location	Yrs Attended	Degree Received	Major
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Other training, certifications, or licenses held:

List other information pertinent to the employment you are seeking:

EMPLOYMENT

(Most Recent First.)

1. Employer Job Title

Dates Employed Prior Position Held within Company (if any):

Address City State Zip

Phone Supervisor

Starting Salary Ending Salary

Duties Performed

Reason for Leaving

2. Employer Job Title

Dates Employed Prior Position Held within Company (if any):

Address City State Zip

Phone Supervisor

Starting Salary Ending Salary

Duties Performed

Reason for Leaving

3. Employer Job Title

Dates Employed Prior Position Held within Company (if any):

Address City State Zip

Phone Supervisor

Starting Salary Ending Salary

Duties Performed

Reason for Leaving

4. Employer Job Title

Dates Employed Prior Position Held within Company (if any):

Address City State Zip

Phone Supervisor

Starting Salary Ending Salary

Duties Performed

Reason for Leaving

BUSINESS/EDUCATIONAL REFERENCES ONLY				
Name	Address	Phone	Business	Years Known /Relationship

ACKNOWLEDGMENT AND AUTHORIZATION

I certify that answers given herein are true and complete to the best of my knowledge. I authorize investigation of all statements contained in this application for employment as may be necessary in arriving at an employment decision.

I understand that PRO FABRICATION, INC. is committed to maintaining a drug-free workplace. Consistent with this objective, **we require all applicants accepted for employment to pass a pre-employment drug test.** This test will be performed at a testing facility designated by PRO FABRICATION, INC. All offers of employment are contingent upon passing this drug test.

I hereby understand and acknowledge that, unless otherwise defined by applicable law, any employment relationship with this organization is of an “at will” nature, which means that the Employee may resign at any time and the Employer may discharge Employee at any time with or without cause. It is further understood that this “at will” employment relationship may not be changed by any written document or by conduct unless such change is specifically acknowledged in writing by an authorized executive of this organization.

In the event of employment, I understand that false or misleading information given in my application or interview(s) may result in discharge. I understand, also, that I am required to abide by all rules and regulations of the employer.

This application will be retained for 90 days. After that time has expired, a new application must be submitted in order to be considered for employment possibilities.

Signature of Applicant

Date

Interviewed By

Date