

# Application for Employment

Superior Fabrication & Maintenance, Inc

## I. PERSONAL INFORMATION

*(Incomplete information could disqualify you from further consideration)*

Name:

Date:

Street Address:

Home Phone:

City, State, Zip Code:

Cell Phone:

Email Address:

## II. EMPLOYMENT ELIGIBILITY

Are you eligible to work in the U.S? YES  NO

Are you at least 18 years or older? YES  NO

Have you ever been convicted of a crime other than minor traffic offense in the past 10 years?

YES  NO

*A conviction will not necessarily automatically disqualify you for employment. Rather, such factors as age and date of conviction, seriousness and nature of the crime, and rehabilitation will be considered.*

***If yes, please provide details (dates and location for all convictions)***

Type of Conviction

Date

Location

Explanation

## III. EMPLOYMENT DESIRED

Position Desired

Date Available to Start

Pay Desired

Are you currently employed? YES  NO  If so may we contact your present employer? YES  NO

Are you able to perform the essential functions of the job for which you are applying, with or without a reasonable accommodation? YES  NO

Are you available to work: DAYS  NIGHTS  WEEKENDS  FULL TIME

Are there days and times you are unavailable to work?

Days Unavailable

Times Unavailable

**IV. REFERRAL SOURCE**

How did you hear about us? Walk-In  Advertisement  Referral  Other \_\_\_\_\_

Do you know anyone who works for our company? YES  NO  If yes, who? \_\_\_\_\_

**V. EDUCATION**

**EDUCATION**

**Name and location of school**

**No. of yrs. Attended**

**Degree Received**

**Subjects studied/Major**

High School

College or University

Trade, Business or Correspondence School

**VI. EMPLOYMENT HISTORY**

Include your last seven (7) years of employment history, including periods of unemployment, starting with the most recent and working backwards in time. *Incomplete information could disqualify you from further consideration.*

From

To

Employer Name

Telephone

Job Title

Address

Immediate supervisor and title

Summarize the nature of work performed and job responsibilities

Reason for leaving

Hourly Rate/Salary

From

To

Employer

Telephone

Job Title

Address

Immediate supervisor and title

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Do you have any special skills, experience and/or training that would enhance your ability to perform the position applied for? YES [ ] NO [ ] If yes, explain \_\_\_\_\_

Do you have any certifications or professional licenses YES [ ] NO [ ] If yes, explain \_\_\_\_\_

**VII. PROFESSIONAL REFERENCES** Give the names of three persons not related to you, whom you have known at least three (3) years.

Name

Professional Relationship

Years Known

1

2

3

**VIII. Please read carefully before signing.**

Superior Fabrication & Maintenance, Inc. does not discriminate in employment based on race, color, religion, national origin, citizenship status, ancestry, age, sex (including sexual harassment), sexual orientation, marital status, physical or mental disability, military status and/or any other protected class.

I understand Superior Fabrication & Maintenance, Inc. that neither the completion of this application nor any other part of my consideration for employment establishes any obligation for to hire me. If I am hired, I understand that either Superior Fabrication & Maintenance, Inc. or I can terminate my employment at any time and for any reason, with or without cause and without prior notice. I understand that no representative of Superior Fabrication & Maintenance, Inc. has the authority to make any assurance to the contrary.

I attest with my signature below that I have given to Superior Fabrication & Maintenance, Inc. true and complete information on this application. No requested information has been concealed. I authorize Superior Fabrication & Maintenance, Inc. to contact references provided for employment reference checks, and all pre-employment background, credit and drug tests. I am aware of my rights under the FCRA. If any information I have provided is untrue, or if I have concealed material information, I understand that this will constitute cause for the denial of employment or immediate dismissal.

Date: \_\_\_\_\_ Signature: \_\_\_\_\_

**THIS APPLICATION IS VALID ONLY FOR 60 DAYS FROM THE DATE SIGNED/DATED ABOVE.**