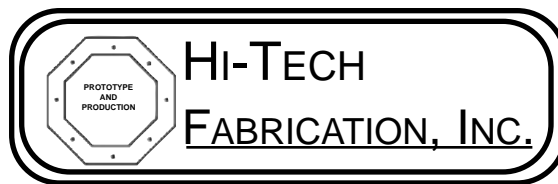


# Application for Employment

Please print.



Close Tolerance Metal Fabrication

Equal access to programs, services and employment is available to all persons. Those applicants requiring reasonable accommodation to the application and/or interview process should notify a representative of the Human Resources Department

**Position(s) applied for** \_\_\_\_\_ **Date of Application** \_\_\_\_\_  
**Name** \_\_\_\_\_ **Social Security #** \_\_\_\_\_  
*Last First Middle*

**Address** \_\_\_\_\_  
*Street City State Zip Code*

**Telephone # ( )** \_\_\_\_\_ **Other Phone # ( )** \_\_\_\_\_ **E-mail** \_\_\_\_\_

If you are under 18, and it is required, can you furnish a work permit? .....Yes \_\_\_ No \_\_\_

If no, please explain. \_\_\_\_\_

Have you ever been employed here before?.....Yes \_\_\_ No \_\_\_

If yes, give dates and positions \_\_\_\_\_

Are you legally eligible for employment in this country?.....Yes \_\_\_ No \_\_\_

Date available for work \_\_\_\_\_ Desired salary range \$ \_\_\_\_\_ per \_\_\_\_\_

Type of employment desired Full-Time \_\_\_ Part-Time \_\_\_ Temporary \_\_\_\_\_

Are you able to meet the attendance requirements of the position?.....Yes \_\_\_ No \_\_\_

Have you ever plead "guilty" or "no contest" to, or been convicted of a crime?.....Yes \_\_\_ No \_\_\_

If yes, please provide date(s) and details \_\_\_\_\_

Answering "yes" to these questions does not constitute an automatic bar to employment. Factors such as date of the offense, seriousness and nature of the violation, rehabilitation and position applied for will be taken into account.

Driver's license number if driving is an essential job function # \_\_\_\_\_ State \_\_\_\_\_

## Employment History

Provide the following information for past and current employers starting with the most recent.

Name of Employer		Telephone Number	
Address of Employer		Supervisor's Name and Title	
Dates Employed From	To	Rate of Pay Beginning \$ _____ per _____	Ending \$ _____ per _____
Job Title	Describe the work performed		

Name of Employer		Telephone Number	
Address of Employer		Supervisor's Name and Title	
Dates Employed From	To	Rate of Pay Beginning \$ _____ per _____	Ending \$ _____ per _____
Job Title	Describe the work performed		

Name of Employer		Telephone Number	
Address of Employer		Supervisor's Name and Title	
Dates Employed From	To	Rate of Pay Beginning \$ _____ per _____	Ending \$ _____ per _____
Job Title	Describe the work performed		

## Skills and Qualifications

Summarize any training skills, licenses and/or certificates that may qualify you as being able to perform job-related functions in the position for which you are applying.

## Educational Background

Name and Location	Number of years completed	Did you graduate?	Course of Study
High School			
College		Major / Degree	
Other			

## References

Name & Address	Telephone #	Years Known

## Applicant Statement

I certify that all information I have provided in order to apply for and secure work with the employer is true, complete and accurate.

I understand that any information provided by me that is found to be false, incomplete or misrepresented in any respect, will be sufficient cause to (i) cancel further consideration of this application, or (ii) immediately discharge me from the employer's service, whenever it is discovered.

I expressly authorize, without reservation the employer, its representative, employees or agents to contact and obtain information from all references (personal and professional), employers, public agencies, licensing authorities and educational institutions and to otherwise verify the accuracy of all information provided by me in this application, resume or job interview. I hereby waive any and all rights and claims I may have regarding the employer, its agents, employees or representatives, for seeking, gathering, and using such information in the employment process and all other persons, corporations or organizations for furnishing such information about me.

I understand that the employer does not unlawfully discriminate in employment and no question on this application is used for the purpose of limiting or excusing any applicant from consideration for employment on a basis prohibited by applicable local, state or federal law.

I understand that this application remains current for 90 days. At the conclusion of that time, if I have not heard from the employer and still wish to be considered for employment, it will be necessary to reapply and fill out a new application.

If I am hired, I understand that I am free to resign at any time, with or without cause and the employer reserves the same right to terminate my employment at any time, with or without cause and without prior notice, except as may be required by law. This application does not constitute an agreement or contract for employment for any specified period or definite duration. I understand that no supervisor or representative of the employer is authorized to make any assurances to the contrary and that no implied, oral or written agreements contrary to the foregoing express language are valid unless they are in writing and signed by the employer's president.

I also understand that if I am hired, I will be required to provide proof of identity and legal authority to work in the United States and that federal immigration laws require me to complete an I-9 Form in this regard.

Hi-Tech Fabrication conducts its business with the highest possible degree of safety and efficiency. Because of this, Hi-Tech Fabrication requires all applicants for employment to undergo blood and or urinalysis screening for drug or alcohol use as part of their placement prerequisite. In addition, all employees of Hi-Tech Fabrication are subject to blood and or urinalysis screening for drugs or alcohol.

### **DO NOT SIGN UNTIL YOU HAVE READ THE ABOVE APPLICANT STATEMENT**

*I certify that I have read, fully understand and accept all terms of the foregoing Applicant Statement.*

**Signature of Applicant** \_\_\_\_\_ **Date** \_\_\_\_\_

**EQUAL OPPORTUNITY EMPLOYER**

Interview By \_\_\_\_\_ Date \_\_\_\_\_ Hired Yes \_\_\_ No \_\_\_ Reporting Date \_\_\_\_\_

Position \_\_\_\_\_ Department \_\_\_\_\_ Salary \_\_\_\_\_

Approved By: C.O.O. \_\_\_\_\_ Dir. of HR \_\_\_\_\_ Dir. of Manufacturing \_\_\_\_\_