We Know Cryo[®]



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Employment Application

Applicant Instructions:

If help is needed filling out the following application form or for any phase of the employment process, please feel free to notify the person that provided the form and every effort will be made to accommodate your needs in a reasonable amount of time.

- 1.Please read the 'Applicant Note' below.
- 2. Complete all of the following pages.
- 3. If additional space is needed to complete a question, use the comments section at the bottom of the page.
- 4. Please print clearly, incomplete or illegible applications will not be processed. Please note 'Not Applicable' if not answering a question.
- 5. Provide only requested information. Failure to do so may result in disqualification of the application.
- 6. Some packets may include an Affirmative Action Questionnaire. This information is being gathered for affirmative action under Section 503 of the Rehabilitation Act of 1973. The information requested will not be subject to any adverse treatment for refusing to complete the questionnaire.
- 7. Do not fill out any other attached forms or pages until instructed.

Date:	_				
Name:		(F: 4)			
(Last)		(First)		(M.I.)	
Home Phone:			_Work Pho	one:	
Current Address	(Street)				
	(City)		(State)	(Zip)	
Prior Address:	(Street)				
-	(City)		(State)	(Zip)	
Email:					

Applicant Note

This application form is intended for use in evaluating your qualifications for employment. This in not an employment contract. Please answer all appropriate questions completely and accurately. False or misleading statements during the interview and on this form are grounds for terminating the application process or, if discovered after employment, terminating employment. All qualified applicants will receive consideration without discrimination because of sex, marital status, race, color, age, creed, national origin, sexual orientation, military reserve membership, ancestry, religion, height, weight, use of guide support animal because of blindness, deafness, or physical handicap, or the presence of disabilities. A felony conviction will not necessarily bar an applicant from employment. Additional testing of job-related skills and for the presence of drugs in your body may be required prior to employment. After an offer of employment, and prior to reporting to work, you may be required to submit to a medical review. Depending on company policy and the needs of the job, you will be required to complete a medical history form and may be required to be examined by a medical professional designated by the company.

Availability

For which positi	on are you applying?				
What date can ye If hired, would y	ou start? Which category do you prefer? □ Full -time □ Part-time □ Temporary ou be working a second job while employed here? If yes, please list name of business				
*Reasonable effe If you were refer How did you hea Job-Related Ski	lule are you available? □ Weekdays □ Weekends □ Nights □ Overtime Are you available for travel? Yes No orts will be made to accommodate religious beliefs and practices. red to Technifab by a current employee, please specify name:				
\Box Yes \Box No	If the job requires, do you have a valid driver's license?				
🗆 Yes 🗆 No	Have you had any moving violations? Please describe Please list any other skills, licenses, or certificates that may be job-related or that you feel would be of value to this job or company List of languages in which you are fluent				
Security	List states and counties of residences for the past seven years.				
🗆 Yes 🗆 No	Have you used any other names or Social Security Numbers other than given above? If so please list in comments, below.				
□ Yes □ No	Have you been convicted of a crime in the past seven years? If so, please describe in the boxes below. (Conviction will not necessarily be a bar to employment. In accordance with the company policy and applicable state and federal laws, factors such as age at time of offense, remoteness of the offense, time since last conviction, nature of the job sought and rehabilitation effort will be reviewed.)				

Incident C	City/ State	Charge
1		
2		

Comments

Previous Employers Please note: Your application will <u>not</u> be considered unless every question in this section is answered. Since we will make every effort to contact previous employers, the *correct telephone numbers of past employers are critical*. Ask for a phone book if necessary. For employers outside the United States, a current fax number is mandatory.

Most Recent E		-	currently working for this en ay we contact?	mployer?	
		n,			
Company Name	· · · · · · · · · · · · · · · · · · ·	City		State	_ Phone() Fax ()
Dates Employed	to	Job Title		S	upervisor Name
Duties					
Salary	(Hour, Week, M	onth) Reason For Le	aving		
Second Most R	lecent Employe	er 🗆 Yes 🗆 No 🗆 Yes 🗆 No	Are you currently workin If yes, may we contact?	g for this e	
Company Name		City		State	Phone ()
	to	-			Fax ()
Dates Employed		Job Title		S	upervisor Name
Duties					
Salary	(Hour, Week, M	onth) Reason For Le	aving		
Third Most Re	cent Employer	□ Yes □ No □ Yes □ No	Are you currently workin If yes, may we contact?	g for this e	employer?
Company Name	to	City		State	Phone() Fax()
Dates Employed		Job Title		s	upervisor Name
Duties					
Salary	(Hour, Week, M	onth) Reason For Le	aving		
References	Include only in	dividuals familiar with	your work ability. Do not in	clude relat	ives.
Name		Address/ Phone			Years Known? Relationship
1					
Certification and	Please circle ecords are und Release I certify t	e the highest grade er a different name hat I have read and under	than listed on page 1, stand the applicant note on pa	10 11 please sp ge 1 of this	12 13 14 15 16 16+
	Name		City/ State	Gra	iduate? Degree?
High School					
College					
Other					
any time during my authorize all former	employment. I auth employers, persons	prize the company and/ of schools, companies, and	r its agents, including consum law enforcement authorities t	er reporting to release ar	rejections of my application or discharge at bureaus, to verify any of this information. I y information concerning my background an r any damage whatsoever for issuing this info

mation. I also understand that the use of illegal drugs is prohibited during employment. If company policy requires, I am willing to submit to drug testing, to detect the use of illegal drugs prior and during employment

Signature	Date
Signature	Date