

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: _____
(Last) (First) (M.I.)

Home Phone: _____ Work Phone: _____

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 is 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 position are you applying? _____

What date can you start? _____ Which category do you prefer? Full -time Part-time Temporary

If hired, would you be working a second job while employed here? _____ If yes, please list name of business _____

For which schedule are you available? Weekdays Weekends Nights Overtime Are you available for travel? Yes No

*Reasonable efforts will be made to accommodate religious beliefs and practices.

If you were referred to Technifab by a current employee, please specify name: _____

How did you hear about a job opening at Technifab? _____

Job-Related Skills

Note: Do not fill out any part of this section that you believe to be non-job related.

Yes 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 | City/ State | Charge |
|----------|-------------|--------|
| 1 | | |
| 2 | | |

Comments _____

