



APPLICATION FOR EMPLOYMENT

PERSONAL INFORMATION:

NAME (FIRST MIDDLE LAST):		DATE:
PRESENT ADDRESS (STREET, CITY, STATE, ZIP):		
PHONE NUMBER:	SOC. SEC. #:	
STATE NAME AND RELATIONSHIP OF ANY RELATIVES IN OUR EMPLOY:	REFERRED BY:	

EMPLOYMENT DESIRED:

POSITION:	<input type="checkbox"/> SHOP WELDER – FABRICATOR	<input type="checkbox"/> SHOP HELPER	<input type="checkbox"/> PRESSBRAKE OPERATOR		
	<input type="checkbox"/> MILLWRIGHT	<input type="checkbox"/> FIELD WELDER	<input type="checkbox"/> WELDER'S HELPER	<input type="checkbox"/> LEAD MAN	<input type="checkbox"/> OTHER
DATE YOU CAN START:	SALARY DESIRED:				
ARE YOU EMPLOYED NOW?	MAY WE CONTACT YOUR EMPLOYER?				
HAVE YOU EVER APPLIED TO THIS COMPANY BEFORE?	WHEN?				

EDUCATION:

SCHOOL	NAME AND LOCATION	GRADUATED		MAJOR SUBJECTS	GPA
GRAMMAR SCHOOL		Yes	No		
HIGH SCHOOL		Yes	No		
COLLEGE/ UNIVERSITY		Yes	No		
OTHER (SPECIFY)		Yes	No		

OTHER INFORMATION:

SUBJECTS OF SPECIAL STUDY:
SPECIAL TRAINING:
ACTIVITIES: (CIVIC, ATHLETIC, ECT.)



INDUSTRIAL SERVICES

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FORMER EMPLOYERS: LIST THE LAST FOUR EMPLOYERS, STARTING WITH PRESENT OR MOST RECENT.

DATE MONTH/YEAR	NAME AND ADDRESS OF EMPLOYER	SALARY	POSITION	REASON FOR LEAVING
FROM:		\$		
TO:		PER:		
FROM:		\$		
TO:		PER:		
FROM:		\$		
TO:		PER:		
FROM:		\$		
TO:		PER:		

REFERENCES: GIVE THE NAMES OF THREE PERSONS NOT RELATED TO YOU, WHOM YOU HAVE KNOWN AT LEAST ONE YEAR.

NAME	ADDRESS	BUSINESS	YEARS ACQUAINTED
1.			
2.			
3.			

IN CASE OF EMERGENCY, NOTIFY: _____

ADDRESS: _____ PHONE: _____

APPLICANT - DO NOT WRITE BELOW THIS LINE

INTERVIEWED BY: _____ DATE: _____

REMARKS: _____

NEATNESS: _____

ABILITY: _____

HIRED: _____ DEPT: _____ POSITION: _____

START DATE: _____ SALARY: _____

APPROVALS: _____

1. SUPERVISOR

2. OPERATIONS MANAGER

3. PRESIDENT



Backed with Quality - Built with Service - Protected with Safety

INDUSTRIAL SERVICES

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PROTOFAB, INC

NOTICE TO APPLICANTS DRUG TESTING PROGRAM

ProtoFab, Inc has a vital interest in maintaining safe, healthful and efficient working conditions for its customers and employees. Using or being under the influence of drugs and/or alcohol on the job may pose serious safety and health risks not only for the user, but to the public and all those who work with the user. The possession, use or sale of an illegal drug or controlled substance may also pose unacceptable risks to safe, healthful and efficient operations.

To meet this compelling interest, individuals who wish to be considered for employment must agree to **PRE-PLACEMENT DRUG TESTING AND DRUG AND ALCOHOL TESTING DURING EMPLOYMENT.**

By completing and signing this Notice and the attached Application of Employment, the applicant understands and agrees to submit to drug and alcohol testing during the course of employment as provided for in ProtoFab's Drug and Alcohol Policy. The applicant further understands and agrees to release ProtoFab and its directors, officers, agents, employees, parents, subsidiaries and affiliated concerns from any and all liability, claims, demands, damages and causes of action of every kind and nature arising out of or resulting from or in connection with submitting to drug and alcohol testing and any decision concerning employment made by ProtoFab in whole or in part, based upon the results of drug and alcohol testing.

ANY APPLICANT WHO IS UNWILLING TO AGREE TO THESE CONDITIONS SHOULD NOT APPLY FOR EMPLOYMENT WITH PROTOFAB. Refusal of an applicant to agree to drug and alcohol testing at this time does not preclude an applicant from applying for employment with ProtoFab at some future date.

Applicant's Signature

Date