

EMPLOYMENT HISTORY

List below all present and past employers over the last 10 years, starting with your most recent employer. Please account for all periods of unemployment. You must complete this section even if attaching a resume.

FROM (Mo/Yr):	TO (Mo/Yr):	EMPLOYER:
JOB TITLE:		TELEPHONE # & ADDRESS:
IMMEDIATE SUPERVISOR: TITLE: MAY WE CONTACT THIS EMPLOYER? YES NO		NATURE OF WORK PERFORMED:
SALARY: STARTING:	ENDING:	REASON FOR LEAVING:
FROM (Mo/Yr):	TO (Mo/Yr):	EMPLOYER:
JOB TITLE:		TELEPHONE # & ADDRESS:
IMMEDIATE SUPERVISOR: TITLE:		NATURE OF WORK PERFORMED:
SALARY: STARTING:	ENDING:	REASON FOR LEAVING:
FROM (Mo/Yr):	TO (Mo/Yr):	EMPLOYER:
JOB TITLE:		TELEPHONE # & ADDRESS:
IMMEDIATE SUPERVISOR: TITLE:		NATURE OF WORK PERFORMED:
SALARY: STARTING:	ENDING:	REASON FOR LEAVING:

EDUCATION

TYPE OF SCHOOL	NAME OF SCHOOL	ADDRESS	NUMBER OF YEARS COMPLETED	MAJOR & DEGREE
High School				
College				
Professional, Business and/or Trade School				

List your 3 greatest qualities:

1) _____ 2) _____ 3) _____

REFERENCES

PROFESSIONAL

PERSONAL

Name _____

Name _____

Address _____

Address _____

Phone (____) _____

Phone (____) _____

Name _____

Name _____

Address _____

Address _____

Phone (____) _____

Phone (____) _____

Please read before signing:

I certify that the information given herein is true and complete to the best of my knowledge.

I authorize Seconn Fabrication to investigate any information, including my employment history, educational background that it believes relevant to my employment application.

My current and former employers, educational institutions, and personal references may provide information that they may have about me in response to inquiry from the employer.

I understand that any offer of employment by Seconn Fabrication is contingent upon successful screening including references and background checks.

I understand that omitting material fact and/or providing false or misleading information or misrepresentations in my application, resume, or during the interview process may result in a refusal to hire, or discharge in the event of employment.

I understand that I shall be required to provide documentation establishing my legal authorization for employment within the first three days of my employment.

I understand that if employed, my employment will be "at will" and I will not have a guarantee of employment for any specific period of time unless otherwise provided in a written employment agreement signed by the Company President and me.

This application will expire in 60 days. After that date, unless otherwise notified, I understand that my status as an applicant will end. I may re-apply for employment in the future by completing a new application.

I FULLY UNDERSTAND AND ACCEPT ALL TERMS AND CONDITIONS IN THE ABOVE STATEMENT:

Applicant's Signature

Date