

Position Applied For:				
Are you seeking:	FT	PT	Temp	

## EMPLOYMENT APPLICATION

Seconn Fabrication is committed to equal opportunity in employment. Consistent with this commitment, applicants are considered for employment and employees are treated during employment without discrimination based on age, race, creed, color, national origin, gender, disability, marital status, veteran status, sexual orientation, religion, military status, citizenship status or any other characteristic protected by applicable federal, state or local law. Seconn Fabrication complies with the law regarding reasonable accommodation for disabled employees. Applicants requiring reasonable accommodation in order to participate in the interview process are requested to contact Human Resources in order to arrange such accommodation.

Please complete this application in its entirety. Failure to complete all sections may disqualify you from consideration of employments of the complete all sections are disqualify to the consideration of employments of the complete all sections are disqualify to the consideration of employments of the complete all sections are disqualify to the consideration of employments of the complete all sections are disqualify to the complete all sections are disqualified as a section of the complete all sections are disqualified as a							sideration of employment.
GENERAL	ı						
DATE OF A	APPLICATION:	:					
NAME:			First Name				
					iddle Initial		
ADDRESS:	Street		City	St	ate	Zip	
						1	
PHONE:			<del></del> -	CELL:			
EMAIL:							
If hired, can	you provide pro	oof of your curr	ent legal authoriz YES	zation to work N		or any employer?	
	nder 18 years of or eligibility to v		ovide	YES		NO	
Do you have reliable transportation?		YES		NO			
Are you able	e to perform all	of the essential YES	functions of the j	ob for which y	you are applyi	ng with or without re	easonable accommodation?
	ver been termina e explain:			YES		NO	
Available to	begin work:	Immedi	iately	Other Date	:		
Circle Days	/Shifts you are a	wailable to worl	k:				
Mon AM	Tues AM	Wed AM	Thurs AM	Fri AM	Sat AM	Sun AM	
Mon PM	Tues PM	Wed PM	Thurs PM	Fri PM	Sat PM	Sun PM	

## EMPLOYMENT HISTORY

TO (Mo/Yr):

FROM (Mo/Yr):

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. EMPLOYER:

JOB TITLE:			TELEPHONE # & ADDRESS:				
IMMEDIATE SUPER	VISOR:		NATURE	OF WORK PERFORM	ED:		
TITLE:							
MAY WE CONTACT YES NO							
TLS TW							
SALARY:	EMBRIG		REASON	FOR LEAVING:			
STARTING:	ENDING:						
FROM (Mo/Yr):	TO (Mo/Yr):		EMPLOY	ER:			
JOB TITLE:			TELEPHO	ONE # & ADDRESS:			
IMMEDIATE SUPER	VISOR:		NATURE	OF WORK PERFORM	ED:		
TITLE:							
SALARY:	ENDING		REASON	REASON FOR LEAVING:			
STARTING:	ENDING:						
	TO 01 (X)						
FROM (Mo/Yr): TO (Mo/Yr):			EMPLOYER:				
JOB TITLE:			TELEPHONE # & ADDRESS:				
IMMEDIATE SUPER	VISOR:		NATURE	OF WORK PERFORM	ED:		
TITLE:							
SALARY:			REASON	FOR LEAVING:			
STARTING: ENDING:							
EDUCATION EDUCATION							
TYPE OF SCHOOL	NAME OF	ADI	ORESS	NUMBER OF	MAJOR & DEGREE		
	SCHOOL			YEARS COMPLETED			
High School							
College							
Professional,							
Business and/or Trade School							
				1			

List your 3 greatest qualities:	
1) 2)	3)
REFERENCES	
PROFESSIONAL	PERSONAL
Name	Name
Address	Address
Phone ()	
Name	Name
Address	Address
Phone ()	Phone ()
Please read before signing:	
I certify that the information given herein is true a	and complete to the best of my knowledge.
I authorize Seconn Fabrication to investigate any i relevant to my employment application.	information, including my employment history, educational background that it believes
My current and former employers, educational in me in response to inquiry from the employer.	stitutions, and personal references may provide information that they may have about
I understand that any offer of employment by S background checks.	econn Fabrication is contingent upon successful screening including references and
	providing false or misleading information or misrepresentations in my application, lt in a refusal to hire, or discharge in the event of employment.
I understand that I shall be required to provide do days of my employment.	ocumentation establishing my legal authorization for employment within the first three
	will be "at will" and I will not have a guarantee of employment for any specific period apployment agreement signed by the Company President and me.
This application will expire in 60 days. After that I may re-apply for employment in the future by co	at date, unless otherwise notified, I understand that my status as an applicant will end. ompleting a new application.
I FULLY UNDERSTAND AND ACCEPT ALL	TERMS AND CONDITIONS IN THE ABOVE STATEMENT:
Applicant's Signature	 Date

Rev: 10/2017