

# 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.

Today's Date: \_\_\_\_\_

Name: \_\_\_\_\_  
 (Last) (First) (M.I.)

Social Security Number \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Current Address: \_\_\_\_\_  
 (Street)

\_\_\_\_\_  
 (City) (State) (Zip)

Prior Address: \_\_\_\_\_  
 (Street)

\_\_\_\_\_  
 (City) (State) (Zip)

**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

Are you available for either of the following?  Travel  Overtime

If you were referred to Technifab by a current employee, please specify. \_\_\_\_\_

**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?  
 Name on license \_\_\_\_\_ DL# \_\_\_\_\_ Type \_\_\_\_\_ State of issue \_\_\_\_\_

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. \_\_\_\_\_

Yes  No Have you been given a job description or had the essential functions of the job explained to you?

Yes  No Do you understand these essential functions?

Yes  No Can you perform the essential functions of this job with or without reasonable accommodation?

**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** \_\_\_\_\_

**Previous Employers**

Please note: Your application will not 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 Employer     Yes  No    Are you currently working for this employer?  
     Yes  No    If yes, may we contact?

Company Name _____	City _____	State _____	Phone (    ) Fax (    )
_____ to _____			
Dates Employed _____	Job Title _____	Supervisor Name _____	Duties _____
Salary _____	(Hour, Week, Month) _____	Reason For Leaving _____	

Second Most Recent Employer     Yes  No    Are you currently working for this employer?  
     Yes  No    If yes, may we contact?

Company Name _____	City _____	State _____	Phone (    ) Fax (    )
_____ to _____			
Dates Employed _____	Job Title _____	Supervisor Name _____	Duties _____
Salary _____	(Hour, Week, Month) _____	Reason For Leaving _____	

Third Most Recent Employer     Yes  No    Are you currently working for this employer?  
     Yes  No    If yes, may we contact?

Company Name _____	City _____	State _____	Phone (    ) Fax (    )
_____ to _____			
Dates Employed _____	Job Title _____	Supervisor Name _____	Duties _____
Salary _____	(Hour, Week, Month) _____	Reason For Leaving _____	

**References**    Include only individuals familiar with your work ability. Do not include relatives.

Name	Address/ Phone	Years Known? Relationship
1		
2		

**Education**

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

Please circle the highest grade completed.    7 8 9 10 11 12 13 14 15 16 16+

If your school records are under a different name than listed on page 1, please specify that name: \_\_\_\_\_

Name	City/ State	Graduate?	Degree?
High School			
College			
Other			

**Certification and Release**    I certify that I have read and understand the applicant not on page 1 of this form and that the answers given to the foregoing questions and the statements made are complete and true to the best of my knowledge and belief. I understand that any false information, omissions, or misrepresentations of facts called for in this application, whether on this document or not, may result in rejections of my application or discharge at any time during my employment. I authorize the company and/ or its agents, including consumer reporting bureaus, to verify any of this information. I authorize all former employers, persons, schools, companies, and law enforcement authorities to release any information concerning my background and hereby release any said persons, schools, companies, and law enforcement authorities from any liability for any damage whatsoever or issuing this information. 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 _____
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# AFFIRMATIVE ACTION QUESTIONNAIRE

This information is being gathered for affirmative action under Section 503 of the Rehabilitation Act of 1973. The information requested is voluntary and will be kept confidential. An applicant will not be subject to any adverse treatment for refusing to complete the questionnaire.

The purpose of this section is to assist in monitoring Affirmative Action Programs and to aid in complying with any required Government record keeping or periodic reporting. This information is not part of your employment application, and will not be considered in the employment/selection process. If you choose to provide the information, please complete the following:

Title of job applied for: \_\_\_\_\_

**RACE** (check one)

- White - origins in Europe, North Africa, or Middle East
- Asian - origins in Far East, S.E. Asia, India or Pacific Islands
- Black - origins in Africa
- Hispanic - Mexican, Puerto Rican, Cuban, Central or South America
- American Indian - origins in North America, to exclude Alaska

**PHYSICAL CONDITION**

- (1) No Handicap
- (2) Physically Handicapped (No Facility Modification)
- (3) Physically Handicapped (Facility Modification)
- (4) Health Handicapped (Heart Attack, Diabetic, Seizures, etc.)
- (5) Mentally Handicapped (Learning Disabled)

**SEX**

- Male
- Female

**VETERANS/U.S.MILITARY STATUS**

- (0) Non-Veteran
- (1) Pre-Vietnam Veteran
- (2) Pre-Vietnam Veteran with service incurred disability
- (3) Vietnam Era Veteran (8/5/64 - 5/7/75)
- (4) Vietnam Era Veteran with service incurred disability
- (5) Post Vietnam Veteran
- (6) Post Vietnam Veteran with service incurred disability

**ACTIVE NATIONAL GUARD RESERVIST** (check one)

- Yes
- No

**PERSONAL AND CONFIDENTIAL**

***THIS PAGE CONTAINS SENSITIVE INFORMATION. KEEP ONLY IN SECURE FILES, SEPARATELY FROM PERSONNEL RECORDS!***