



Precision Welding & Fabrication Employment Application

THIS APPLICATION MUST BE COMPLETED IN PEN

LAST NAME	FIRST NAME	MIDDLE	SOCIAL SECURITY NUMBER
HOME ADDRESS			DRIVERS LICENSE NO.
			STATE ID STATE:
CITY	STATE	ZIP CODE	HOME NUMBER
			CELL NUMBER

PERSON TO NOTIFY IN EMERGENCY	PHONE
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POSITION

POSITION DESIRED	JOB CLASSIFICATION (See Front)	RATE OF PAY	HOURS
	A ___ B ___ C ___ D ___		Full Time _____ Part time _____ Temp _____

BACKGROUND

ARE YOU 18 YEARS OF AGE OR OLDER	YES _____	NO _____
DO YOU SPEAK/READ ENGLISH	YES _____	NO _____
IF REQUIRED WOULD YOU BE WILLING TO: (Circle all that apply)		
WORK OVERTIME	WORK HOLIDAYS	WORK WEEKENDS
HAVE YOU EVER BEEN CONVICTED OF A FELONY? (Convictions include fine, jail time, probation or suspended sentence).	YES _____	NO _____
If yes, give details below (Offense, Date, Disposition of Case) _____		
WITHIN THE LAST THREE YEARS, HAVE YOU BEEN FOUND GUILTY OF ANY OFFENSES, OF DRIVING WHILE UNDER THE INFLUENCE OF ALCOHOL OR DRUGS? INCLUDE ALL OFFENSES RESULTING IN ANYTHING OTHER THAN ACQUITTAL OR DISMISSAL OF CHARGES (I.E. CONVICTION, FINE, LICENSE SUSPENSION OR REVOCATION, JAIL TERM, PROBATION, SUSPENDED SENTENCE AND COMMUNITY SERVICE).	YES _____	NO _____
If yes, give details below (offense, date) _____		
HAVE YOU EVER BEEN INVOLUNTARILY DISCHARGED OR ASKED TO RESIGN BY AN EMPLOYER?	YES _____	NO _____
If yes, give details _____		
HAVE THE TASKS OF THE JOB FOR WHICH YOU ARE APPLYING BEEN EXPLAINED TO YOU?	YES _____	NO _____
ARE YOU ABLE TO PERFORM THESE TASKS WITHOUT AN ACCOMODATION? (AN ACCOMODATIOIN IS A CHANGE IN THE WORK AREA THAT ALLOWS A PERSON WITH A DISABILITY TO PERFORM THE WORK REQUIRED).	YES _____	NO _____
If an accommodation is required, please describe _____		

EMPLOYMENT HISTORY FOR THE LAST THREE YEARS ACCOUNT FOR ALL 36 MONTHS, INCLUDING PERIODS OF EMPLOYMENT, LIST MOST RECENT EMPLOYER FIRST

COMPANY	FROM:	TO:	JOB TITLE:
SUPERVISOR	PHONE NUMBER	PAY START	PAY END
DESCRIPTION OF DUTIES			
REASON FOR LEAVING			

EMPLOYMENT HISTORY CONTINUED

COMPANY	FROM:	TO:	JOB TITLE:
SUPERVISOR	PHONE NUMBER	PAY START	PAY END
DESCRIPTION OF DUTIES			
REASON FOR LEAVING			

COMPANY	FROM:	TO:	JOB TITLE:
SUPERVISOR	PHONE NUMBER	PAY START	PAY END
DESCRIPTION OF DUTIES			
REASON FOR LEAVING			

COMPANY	FROM:	TO:	JOB TITLE:
SUPERVISOR	PHONE NUMBER	PAY START	PAY END
DESCRIPTION OF DUTIES			
REASON FOR LEAVING			

**DRUG SCREEN AUTHORIZATION
MUST BE READ BY ALL APPLICANTS**

BY SIGNING THIS APPLICATION, THE APPLICANT ACKNOWLEDGES THAT HE OR SHE UNDERSTANDS AND AGREES TO THE FOLLOWING:

I HEREBY CERTIFY THAT I AM FREE OF ILLEGAL AND UNAUTHORIZED DRUGS AND CONSENT TO TAKE URINE DRUG SCREENS AT ANY TIME I AM REQUESTED TO DO SO DURING MY EMPLOYMENT. I AUTHORIZE THE TESTING AND COLLECTION AGENCIES TO PROVIDE THE RESULTS OF THIS TEST TO THE EMPLOYER AND TO ITS CLIENTS, AND I AUTHORIZE THE EMPLOYER AND ITS CLIENTS TO USE THE TEST RESULTS TO ASSIST THE EMPLOYER IN CONSIDERING MY APPLICATION.

IF A URINE SAMPLE TESTS POSITIVE, I MAY CHOOSE TO HAVE A SECOND SET OF TEST PERFORMED ON THE SAME SAMPLE. HOWEVER, I MUST PAY FOR THE SECOND TEST AND MUST REQUEST IT WITHIN 24 HOURS AFTER RECEIVING NOTICE OF THE POSITIVE RESULTS.

I AGREE TO HOLD THE EMPLOYER, ITS AGENTS, DIRECTORS, OFFICERS, EMPLOYEES AND CLIENTS HARMLESS FROM ANY AND ALL CLAIMS, DEMANDS, ACTIONS AND LIABILITY WHATSOEVER, AND WHETHER OR NOT ARISING OUT OF THEIR OWN NEGLIGENCE, IN CONNECTION WITH THE COLLECTION OR TESTING OF THE URINE DRUG SCREEN AND THE USE OF THE TEST RESULTS IN CONSIDERING MY APPLICATION.

DO NOT SIGN THIS APPLICATION IF YOU DO NOT AGREE WITH ALL OF THE ABOVE

I UNDERSTAND AND AGREE THAT ANY MISREPRESENTATION BY ME IN THIS APPLICATION WILL BE SUFFICIENT CAUSE FOR CANCELLATION OF THIS APPLICATION AND/OR SEPARATION FROM THE EMPLOYER'S SERVICE IF I HAVE BEEN EMPLOYED

I AUTHORIZE THE EMPLOYER TO INVESTIGATE ALL REFERENCES AND TO SECURE ADDITIONAL INFORMATION ABOUT ME, IF JOB RELATED. I HEARBY RELEASE THE EMPLOYER AND ITS REPRESENTATIVES FROM LIABILITY FOR SEEKING SUCH INFORMATION, AND RELEASE ALL OTHER PERSONS, CORPORATIONS OR ORGANIZATIONS FROM LIABILITY FOR FURNISHING SUCH INFORMATION.

SIGNATURE OF APPLICANT: _____ DATE _____

NOTE BEFORE YOU PROCEED: IN ORDER TO BE CONSIDERED FOR EMPLOYMENT, ALL APPLICANTS MUST:

1. ALLOW THE COMPANY TO CHECK PREVIOUS EMPLOYERS.
2. ALLOW THE COMPANY TO CHECK RECORDS OF MOVING TRAFFIC VIOLATIONS (if applicable)
3. CERTIFY THAT THEY ARE DRUG FREE AND TAKE A URINE DRUG SCREEN FOR THE DETECTION OF THE USE OF ALCOHOL OR ILLEGAL OR UNAUTHORIZED DRUGS.

IF YOU CANNOT AGREE TO THE ABOVE, DO NOT CONTINUE WITH THIS APPLICATION.

NOTE REGARDING CONDITIONAL JOB OFFERS: ANY JOB OFFER WILL BE CONDITIONAL ON RECEIPT OF SATISFACTORY RESULTS OF A DRUG SCREEN AND REFERENCES CHECKS OF THE APPLICANT'S BACKGROUND AND RECORD OF MOVING TRAFFIC VIOLATIONS. UNDER CERTAIN CIRCUMSTANCES, THE COMPANY PERMITS APPLICANTS TO BEGIN WORKING CONDITIONALLY BEFORE THE RESULTS OF ALL THE ABOVE ARE COMPLETE. THIS TYPE OF WORK IS CONDITIONAL AND MAY BE TERMINATED IMMEDIATELY IF THE RESULTS OF SUCH INQUIRIES ARE UNSATISFACTORY. THE APPLICANT WILL BE PAID, HOWEVER, FOR ANY TIME WORKED.

ATTENTION REHIRES: IF YOU HAVE BEEN PREVIOUSLY EMPLOYED BY THIS COMPANY WITHIN THE PAST 90 DAYS, PLEASE BRING THIS TO THE ATTENTION OF YOUR SUPERVISOR. THIS FORM IS NOT BE USED FOR REHIRES.

**JOB CLASSIFICATIONS
(MUST BE READ BY ALL APPLICANTS)**

THE JOB FOR WHICH YOU ARE APPLYING WILL HAVE EXPECTED WORKING CONDITIONS WHICH ARE DESCRIBED UNDER ONE OF THE FOUR JOB CLASSIFICATIONS BELOW. IT IS IMPORTANT THAT AN APPLICANT FOR ANY JOB UNDERSTAND AND QUALIFY FOR THE CLASSIFICATION ASSIGNED TO THAT JOB. EVEN RARE OR OCCASIONAL PERFORMANCE OF DUTIES IN A MORE STRENUOUS CATEGORY REQUIRES CLASSIFICATION IN THE MORE STRENUOUS CATEGORY. **SPECIAL NOTE:** EMPLOYEES IN ALL JOB CLASSES MUST BE ABLE TO UNDERSTAND AND COMPREHEND SIGNS, LABELS, POSTERS AND OTHER WARNINGS THAT INFORM THEM OF POTENTIAL HAZARDS OR PRECAUTIONS TO TAKE TO PERFORM WORK SAFELY.

TO BE CIRCLED BY THE HIRING SUPERVISOR:

CLASS "A" HEAVY DUTY – JOBS UNDER THIS CLASS REQUIRE MAXIMUM PHYSICAL EXERTION ON A FREQUENT BASIS; FREQUENT STANDING OR WALKING FOR EXTENDED OR LONG PERIODS OF TIME, LIFTING AND CARRYING MATERIALS OR OBJECTS WEIGHING 50 TO 100 LBS; CLIMBING UP AND DOWN LADDERS OR SCAFFOLDS CARRYING TOOLS AND EQUIPMENT; AND WORKING IN STOOPED, CROUCHED OR KNEELING POSITIONS AS REQUIRED.

CLASS "B" MEDIUM DUTY – JOBS UNDER THIS CLASS REQUIRE A MEDIUM AMOUNT OF PHYSICAL EXERTION, STANDING OR WALKING FOR EXTENDED OR LONG PERIODS OF TIME; LIFTING AND CARRYING MATERIALS OR OBJECTS WEIGHING 50 TO 100 POUNDS ON AN INFREQUENT BASIS AND OBJECTS WEIGHING LESS THAN 50 POUNDS ON A FREQUENT BASIS; CLIMBING STAIRS AND INFREQUENT CLIMBING UP OR DOWN LADDERS OR SCAFFOLDS.

CLASS "C" LIGHT DUTY – JOBS UNDER THIS CLASS REQUIRE LIMITED PHYSICAL EXERTION ON AN OCCASIONAL BASIS; STANDING OR WALKING FOR SHORT PERIODS OF TIME; INFREQUENT LIFTING AND CARRYING OF OBJECTS WEIGHING LESS THAN 50 POUNDS; SOME CLIMBING STAIRS.

CLASS "D" ADMINISTRATIVE – JOBS UNDER THIS CLASS REQUIRE MINIMAL PHYSICAL EXERTION. THE PRIMARY WORKING POSTURE IS IN A SEATED POSITION AND IT IS GENERALLY UNNECESSARY TO LIFT OR CARRY MATERIALS OR OBJECTS. STANDING OR WALKING IS INFREQUENTLY REQUIRED.

*THIS COMPANY IS AN EQUAL OPPORTUNITY EMPLOYER AND DOES NOT DISCRIMINATE BASED ON DISABILITY,
ACCORDINGLY, ALL APPLICANTS ARE INVITED TO DISCLOSE ANY ACCOMODATION NEEDED TO PARTICIPATE IN THE APPLICATION PROCESS.*

PRECISION WELDING & FABRICATION EMPLOYMENT APPLICATION

10/5/2006

EMPLOYMENT DOCUMENTS

NOTICE: THE EMPLOYMENT DOCUMENTS IN THIS PACKET ARE TO BE COMPLETED BY THE APPLICANT AFTER A JOB OFFER HAS BEEN MADE THAT IS CONDITIONAL ON SATISFACTORY RESULTS OF A DRUG SCREEN TEST AND BACKGROUND REFERENCE CHECKS. THE DOCUMENTS WILL NOT BE EFFECTIVE UNTIL COMPLETED AND SIGNED BY THE EMPLOYER UPON THE RECEIPT OF SATISFACTORY RESULTS FROM ALL SUCH TESTS AND CHECKS.

INFORMATION TO BE FURNISHED BY EMPLOYEE (FOR EEOC REPORTING PURPOSES ONLY)

____ MALE ____ WHITE ____ BLACK ____ NATIVE AMERICAN
____ FEMALE ____ HISPANIC ____ ASIAN ____ OTHER

EMPLOYEE ACKNOWLEDGMENT OF DRUG AND ALCOHOL POLICY

BY SIGNATURE BELOW, I HEARBY ACKNOWLEDGE THAT I HAVE RECEIVED AND UNDERSTAND THE “**DRUG AND ALCOHOL POLICY**”, WHICH OUTLINES THE COMPANY’S POLICY REGARDING THE USE OR POSSESSION OF DRUGS, INHALENTS, AND ALCOHOL. I UNDERSTAND THAT THE COMPANY REQUIRES EMPLOYEES TO SUBMIT URINE SPECIMENS OR ANY OTHER MEANS OF SUBSTANCE TESTING TO BE ANALYZED FOR THE PRESENCE OF DRUGS. TESTS MAY BE REQUIRED SUBSEQUENT TO A WORK ACCIDENT OR INCIDENT, IF REASONABLE SUSPICION OF DRUG USE EXISTS, IF EMPLOYEE IS IN POSSESSION OF A CONTROLLED SUBSTANCE, WHEN REQUIRED BY A CLIENT OR CUSTOMER OF A CLIENT OR AT RANDOM FROM TIME TO TIME BASED EITHER ON RANDOM SELECTION OR MASS UNANNOUNCED TESTS OF EACH EMPLOYEE AT A PARTICULAR, OR BOTH. I REALIZE THAT THE PRESENCE OF A DETECTABLE TRACE OF ANY UNAUTHORIZED SUBSTANCE IS GROUNDS FOR TERMINATION OF MY EMPLOYMENT. I FURTHER REALIZE THAT REFUSAL TO SUBMIT A SPECIMEN FOR TESTING IS GROUNDS FOR TERMINATION.

I AUTHORIZE THE TESTING AND COLLECTION AGENCIES TO PROVIDE THE RESULT OF MY TEST TAKEN FOR ANY OF THE ABOVE STATED REASONS TO THE COMPANY AND TO ITS CLIENTS. I AGREE TO COOPERATE AND ABIDE BY THIS POLICY AND UNDERSTAND THAT ANY FAILURE TO DO SO ON MY PART IS GROUNDS FOR TERMINATION.

EMPLOYEE SIGNATURE _____ DATE _____

PRECISION WELDING & FABRICATION EMPLOYMENT APPLICATION

PRECISION WELDING & FABRICATION, INC.

Acknowledgment of Receipt and Understanding

Read and Sign Immediately

I acknowledge, understand and/or agree that:

- The statements contained in the information Handbook for Employees of Precision Welding & Fabrication are intended to serve as general information concerning Precision Welding & Fabrication and its existing policies, procedures, practices of employment and employee benefits.
- Nothing contained in the information Handbook for Employees of Precision Welding & Fabrication is intended to create (nor shall be construed as creating) an express or implied guarantee employment for a definite or indefinite term.
- From time to time Precision Welding & Fabrication may need to clarify, amend and/or supplement the information contained in the Information handbook for Employees of Precision Welding & Fabrication and that the company will inform me when changes occur. The only provisions in the handbook that may not be changed is at-will employment and confidentiality, unless the company President and the employee sign a written contract altering at-will employment.
- I have received a copy of the Information Handbook for Employees of Precision Welding & Fabrication, have read and understand the information outlined in the handbook, have asked any questions I may have concerning its contents agree to comply with all policies and procedures contained therein.
- The Information handbook for Employees is the property of Precision Welding & Fabrication and must be returned upon separation from employment.

Employee's Name Printed: _____

Employee's Signature: _____

Date Signed: _____

Return this page to your Supervisor