



APPLICATION FOR EMPLOYMENT
(VVALID FOR ONLY 180 DAYS)
PLEASE PRINT

Positions Applied For: _____ Date of Application: _____

Please answer all questions. Resumes are not accepted in lieu of completion of this application.
Note: This application was designed for use with several types of positions. Some questions may not be completely applicable to the position you are seeking; however, we ask that you answer all questions.

Last Name First Name Middle Initial Social Sec. No. Date

Present Address: Street City/State Zip Code Telephone No.

Only U.S. Citizens or aliens who have a legal right to work in the U.S. are eligible for employment. Can you upon employment, submit documentation verifying your identity and your legal right to work in the U.S.? Yes _____ No _____

Have you been convicted of any crime within the past five (5) years? Yes _____ No _____ If yes, give dates and explain (Attach separate paper if necessary) _____

Note: A conviction will not necessarily disqualify you from employment.

Are you over 18 years of age? Yes _____ No _____

EDUCATIONAL DATA

School Print Name, Street Address, City State, and Zip Code of each School No. Years Completed Degree Major Course of Study

High School

College

Graduate School

Trade, Business Night or Corres.

Other

Other skills: List any other job-related skills, qualifications, or licenses that support your application: _____



Honors received: _____

In order to permit a check of your work & educational records, should we be made aware of any changes of name or assumed name that you previously used? Yes _____ No _____ If yes, identify names & relevant dates _____

EMPLOYMENT EXPERIENCE

List each job held start with your present or last job include military exp. If known by any other name please indicate

Employer	Dates		
	From:	To:	Work Performed:
Job Title	Salary		
	Start:	Final:	
Supervisor	Reason for leaving:		

May we make inquiries of this employer? Yes _____ No _____

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	From:	To:	Work Performed:
Job Title	Salary		
	Start:	Final:	
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May we make inquiries of this employer? Yes _____ No _____



Membership in organizations or professional groups which in your opinion, have a direct bearing on the position you are seeking:

Are you a veteran of the U.S. Military Service? Yes _____ No _____ If yes, which branch of service? _____

If yes, beginning date and ending date of active duty: From: _____ TO: _____

Date of discharge from military service: _____ Type of discharge: _____

Have you ever been dismissed or forced to resign from any employment? Yes _____ No _____ If yes, please explain.

Are you now employed? Yes _____ No _____ Are you on layoff & subject to recall? Yes _____ No _____

May we contact your present employer? Yes _____ No _____ Previous employers? Yes _____ No _____

Please identify any exceptions & reasons for not contacting prior employers: _____

Can you travel if job requires it? Yes _____ No _____

Will you work overtime if asked? Yes _____ No _____

Are there any hours, shifts or days you will not work? Yes _____ No _____ If yes, explain _____

What foreign languages do you speak, read or write? _____

Do you have any friends or relatives who work here? Yes _____ No _____

Name _____ Relationship _____

Name _____ Relationship _____

CHARACTER REFERENCES

List three persons not related to you, whom you have known at least one year.

NAME ADDRESS & TELEPHONE OCCUPATION

1. _____

2. _____

3. _____



List below any other information or remarks that you wish to have considered as a part of your application for employment.

How did you hear of FABCO Equipment? _____

Have you filed an application here before? Yes _____ No _____ If yes, give date: _____

Have you ever been employed here before? Yes _____ No _____ If yes, give date: _____

NOTICE TO APPLICANTS

Fabco Equipment Co. Inc., complies with the Americans with Disabilities Act of 1990 process, you may be asked questions concerning your ability to perform job related functions. If you are given a conditional offer of employment, you may be required to complete a post-job offer, medical history questionnaire and/or undergo a medical examination. If required, all entering employees in the same job category will be subject to the same medical questionnaire and/or examination and all information will be kept confidential and in separate files.'

We are an equal employment opportunity employer. We adhere to a policy of making employment decisions without regard to race, color, sex, religion, national origin, handicap or marital status. We assure you that your opportunity for employment with FABCO Equipment Co., Inc. depends solely upon your qualifications.

Pre-employment drug screening **MAY BE A** condition of employment with FABCO Equipment Inc.

I certify that the facts contained in this application are true and complete to the best of my knowledge & I understand that if employed, falsified statements on this application will be grounds for dismissal.

I authorize investigation of all statements contained herein and the references listed above to give you any and all information concerning my previous employment and any pertinent information they may have personal or otherwise, and release all parties from all liability for any damage that may result from furnishing same to you.

I understand and agree that, if hired, my employment is for no definite period and may regardless of the date of payment of my wages and salary, be terminated at any time without any prior notice.

Date: _____

Signature: _____



OFFICE USE ONLY

INTERVIEWED BY: _____

STARTING RATE OF PAY: _____

HIRE DATE: _____

APPROVED BY: _____