



**Professional
Fabrications, Inc.**

Phone: 920-863-1972

Fax: 920-863-5763

EMPLOYMENT APPLICATION

We believe that a clear understanding of your interests, training, experience and other pertinent information is important to the hiring process, and will be mutually beneficial to you and the Company. To be assured of full consideration for positions that would meet your qualifications, please answer all questions completely. We are an Equal Opportunity Employer, and we will consider your application without regard to race, color, religion, creed, gender, national origin, age, disability, marital status, sexual orientation, family medical history or genetic information, or any other legally protected status under applicable local, state, or federal law. To the extent this application requests information that does not comply with applicable local or state requirements, such information will not be used in making a hiring decision. **Applicants may be required to take a pre-employment drug test.**

| PERSONAL HISTORY | | |
|---|--------------------|---|
| Name: | Date: | |
| <i>(Last Name, First Name, Middle Initial, separated by a comma)</i> | | |
| Street Address/Apt #: | | |
| City, State, Zip: | | |
| Home Phone: () | Cell Phone: () | Email: |
| How did you learn about this job opportunity? | | |
| Have you ever worked for this Company before? YES <input type="checkbox"/> NO <input type="checkbox"/> | | |
| If yes, why did you leave? | | |
| If yes, under what name, if different: | | Approx. Dates: |
| Location: | | |
| Position: | | Supervisor: |
| Position applying for: <input type="checkbox"/> Part Time <input type="checkbox"/> Full Time | | Wages Expected: |
| Job(s) applying for: | | |
| Are you on a lay-off and/or subject to recall? YES <input type="checkbox"/> NO <input type="checkbox"/> | | |
| When would you be available to work? | | |
| What hours/days are you able to work? | | |
| Weekend Work? YES <input type="checkbox"/> NO <input type="checkbox"/> | | Would you be available to work evenings? YES <input type="checkbox"/> NO <input type="checkbox"/> |
| Are you available for overtime? YES <input type="checkbox"/> NO <input type="checkbox"/> | | Will you relocate if job requires it? YES <input type="checkbox"/> NO <input type="checkbox"/> |
| Are you legally authorized to work in the U. S. without sponsorship? YES <input type="checkbox"/> NO <input type="checkbox"/> | | |
| (The Company will attempt to reasonably accommodate an applicant's religious needs, as required by law) | | |
| Do you have reliable transportation? YES <input type="checkbox"/> NO <input type="checkbox"/> | | Do you have a valid Driver's License? YES <input type="checkbox"/> NO <input type="checkbox"/> |
| If you are under age 18, please provide date of birth: | | Can you provide a work permit? YES <input type="checkbox"/> NO <input type="checkbox"/> |
| In case of emergency, notify (name): | | |
| Relationship: | | Phone: () |
| Address (<i>Street</i>): | | |
| Address (<i>City, State, Zip</i>): | | |

Have you ever been charged with, plead (“no contest”) to, been convicted of, or been fined in connection with any felony, misdemeanor, municipal ordinance violation, or any other type of offense (other than a parking ticket), regardless of the nature of the penalty or the fine for that offense? YES NO

If yes, please provide details:

If you are in doubt about the nature of any offense, please list. No applicant will be denied consideration because of a pending charge, past conviction, offense, violation, or fine, which is not substantially related to the circumstance of the job sought. However, failure to disclose information requested above will be considered falsification and grounds for refusal to hire or termination of employment.

SKILLS AND QUALIFICATIONS

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EDUCATION

Highest grade completed (1-12):

Technical School/College (*years attended*):

High School Diploma: YES NO

Major/Course of Study:

GED/HSED: YES NO

Degree Received: YES NO

Last Post-secondary School Attended:

Location:

Date(s):

Additional education and/or vocational or technical information:

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Describe your computer skills and abilities:

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WORK HISTORY

Please provide full and accurate details regarding all full-time and part-time work history. Do not omit any employer. Attach additional pages if necessary. You must complete this section even if you provide a resume.

| | | |
|---|-----------------------|------------|
| Company Name: | | Telephone: |
| Address: | | |
| Name of Supervisor: | | |
| Employed from (Month and Year) to (Month and Year): | | |
| Weekly Pay (Start): \$ | Weekly Pay (Last): \$ | |
| Job Title and type of work: | Reason for Leaving: | |

Are you eligible for re-hire: YES NO

| | | |
|---|-----------------------|------------|
| Company Name: | | Telephone: |
| Address: | | |
| Name of Supervisor: | | |
| Employed from (Month and Year) to (Month and Year): | | |
| Weekly Pay (Start): \$ | Weekly Pay (Last): \$ | |
| Job Title and type of work: | Reason for Leaving: | |

Are you eligible for re-hire: YES NO

| | | |
|---|-----------------------|------------|
| Company Name: | | Telephone: |
| Address: | | |
| Name of Supervisor: | | |
| Employed from (Month and Year) to (Month and Year): | | |
| Weekly Pay (Start): \$ | Weekly Pay (Last): \$ | |
| Job Title and type of work: | Reason for Leaving: | |

Are you eligible for re-hire: YES NO

We will contact the employers listed for a reference unless you indicate those you specifically do not want us to contact.

| | |
|-----------------|-----------------|
| Do not contact: | Do not contact: |
| Reason: | Reason: |

List three (3) Employment or Personal References – DO NOT LIST RELATIVES

| | |
|-----------|-------------------|
| 1. Name: | |
| Phone: | Address or Email: |
| Company: | |
| Position: | |
| 2. Name: | |
| Phone: | Address or Email: |
| Company: | |
| Position: | |
| 3. Name: | |
| Phone: | Address or Email: |
| Company: | |
| Position: | |

List any relatives currently employed at the Company

(We comply with all prohibitions on marital status discrimination as required under applicable state law.)

| Employee Name | Location | Relationship |
|---------------|----------|--------------|
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MILITARY SERVICE (if applicable)

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|--|-----------------------|
| Length of Service: | Rank held in Service: |
| Do you have any ongoing military obligations? | |
| Present Status: <input type="checkbox"/> None <input type="checkbox"/> Discharged <input type="checkbox"/> Retired <input type="checkbox"/> National Guard <input type="checkbox"/> Reserves | |
| Date of Discharge: | |
| Indicate any special training or assignment that you want us to consider: | |
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| Our Company's policy will comply with the Uniformed Services Employment and Reemployment Rights Act (USERRA) | |

CERTIFICATION

I certify that the information that I have provided to the Company as part of this application along with any resume or other material submitted by me for employment consideration is true, complete, and without omissions or misleading statements. I understand that my applicant may be rejected or my employment may be terminated because of false, misleading, or omitted information, regardless of the time that may have elapsed between furnishing the information and the discovery by the Company.

I authorize the Company to inquire into my education, professional and past employment history with references as needed to determine my qualifications and suitability for employment. I hereby give my consent to any former employer or educational institution to provide academic or employment related information about me to the Company. This includes any pertinent information they may have, personal or otherwise, and I release all parties from all liability for any damage that may result from furnishing this information.

I understand that I may be required to pass a pre-employment drug test and that my Social Security number must be validated. I further acknowledge that certain positions with the Company may also require a confirmation that I am licensed to drive a motor vehicle, and that the Company may check my credit, civil and criminal records, and may verify my address. I consent freely and voluntarily to participate in the required drug test, and I consent to the release of the results to the Company. I hereby release and hold harmless the Company from any liability whatsoever arising from the drug test and/or background checks and decisions concerning employment based upon the results of these tests and checks. I also understand that, if the Company uses a third party to conduct any background check(s) about me, then the Company and/or that third party will provide additional disclosures and authorizations to me before conducting such background check(s).

I understand that nothing in this employment application, the granting of an interview, or possible subsequent employment offer is intended to create an employment contract between the Company and me. If hired, I will be an "Employee at Will" which means the Company may release me at any time for any reason with or without cause, and I am likewise free to leave at any time for any reason. I understand that no representative of the Company other than the President or Chief Executive Officer has any authority to enter into any agreement for employment that contradicts or modifies the foregoing in any manner, and any such agreement must be in writing and signed by the President or Chief Executive Officer.

If hired, I agree to conform to rules, regulations, and policies that the Company may periodically issue, withdraw, or modify. If hired, I understand that I will be required to keep my hair color within the range of "natural" colors (no blue, green, or other non-natural hair colors are allowed) and that facial piercings are not appropriate. I also understand that in order to comply with Company policy any visible tattoos may need to be covered appropriately during the workday, if hired. I agree to follow the Company grooming guidelines and to be dressed appropriately per the standards of the Company at all times in the workplace, if I am hired.

A photocopy, digital, and/or electronic copy of this signed authorization is as effective and binding as the original.

Signed: _____
(First Name, Middle Initial, Last Name)

Date: _____