

Freeport Welding & Fabricating, Inc. Application for Employment

Please Print

Equal access to programs, services and employment is available to all persons. Those applicants requiring accommodation to the application and/or interview process **should request assistance from a representative of the FWF** Human Resources Department.

Position(s) applied for:		Date of application:	
Name: (Last)	(First)	(Middle Int.)	
Address (Street)		(City)	
(State)	(Zip)	Telephone #: ()	
If you are under 18, and it is required, can you furnish a work permit?			Yes ___ No ___
If no, please explain:			
Have you ever been employed here before? Yes No Dates:			
Date available for work: / /			
Are you legally eligible for employment in this country?			Yes ___ No ___
Type of employment desired: Full-Time ___ Part-Time ___ Temp. ___ Nights ___ Days ___			
Are you able to meet the attendance requirements of the position?			Yes ___ No ___
Drivers license information if driving is an essential job function.		License #:	
State:	Exp. Date: / /	Class:	
Have you been convicted of a felony in the last seven- (7) years?			Yes ___ No ___
If yes, please explain:			

CONVICTION WILL NOT NECESSARILY BE A BAR TO EMPLOYMENT. EACH INSTANCE AND EXPLANATION WILL BE CONSIDERED IN RELATION TO THE POSITION FOR WHICH YOU ARE APPLYING.

Skills and Qualifications

Summarize any training, skills, licenses, and/or certificates that may qualify you as being able to perform job-related functions in the position for which you are applying. _____

Educational Background

NAME & LOCATION	YEARS COMPLETED	DID YOU GRADUATE?		COURSE OF STUDY
		MAJOR	DEGREE	
HIGH SCHOOL				
COLLEGE				
OTHER				

References - Personal & Work

NAME	TELEPHONE	YEARS KNOWN	PERSONAL	WORK
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	()			
	()			

AN EQUAL OPPORTUNITY EMPLOYER

C	Rev. 3	Last Review Date: 03/10/2014	Next Review Date: 03/10/2017	Signed/Approved by: Critical Process Manager	9010101.docx
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Employment History

Provide the following information for your past four (4) employers, assignments or volunteer activities, starting with the most recent.

FROM:	TO:	EMPLOYER:	TELEPHONE: ()
JOB TITLE:		ADDRESS:	
SUPERVISOR:		WORK PERFORMED AND RESPONSIBILITIES:	
REASON FOR LEAVING:		HOURLY RATE/SALARY START \$ PER FINAL \$ PER	
FROM:	TO:	EMPLOYER:	TELEPHONE: ()
JOB TITLE:		ADDRESS:	
SUPERVISOR:		WORK PERFORMED AND RESPONSIBILITIES:	
REASON FOR LEAVING:		HOURLY RATE/SALARY START \$ PER FINAL \$ PER	
FROM:	TO:	EMPLOYER:	TELEPHONE: ()
JOB TITLE:		ADDRESS:	
SUPERVISOR:		WORK PERFORMED AND RESPONSIBILITIES:	
REASON FOR LEAVING:		HOURLY RATE/SALARY START \$ PER FINAL \$ PER	
FROM:	TO:	EMPLOYER:	TELEPHONE: ()
JOB TITLE:		ADDRESS:	
SUPERVISOR:		WORK PERFORMED AND RESPONSIBILITIES:	
REASON FOR LEAVING:		HOURLY RATE/SALARY START \$ PER FINAL \$ PER	

I UNDERSTAND THAT IF I AM EMPLOYED, ANY MISREPRESENTATION OR MATERIAL OMISSION MADE BY ME ON THIS APPLICATION WILL BE SUFFICIENT CAUSE FOR CANCELLATION OF THIS APPLICATION OR IMMEDIATE DISCHARGE FROM THE EMPLOYER'S SERVICE, WHENEVER IT IS DISCOVERED.

I GIVE THE EMPLOYER THE RIGHT TO CONTACT AND OBTAIN INFORMATION FROM ALL REFERENCES, EMPLOYERS, EDUCATIONAL INSTITUTIONS AND TO OTHERWISE VERIFY THE ACCURACY OF THE INFORMATION AND ALL OTHER PERSONS, CORPORATIONS OR ORGANIZATIONS FOR FURNISHING SUCH INFORMATION.

THE EMPLOYER DOES NOT UNLAWFULLY DISCRIMINATE IN EMPLOYMENT AND NO QUESTION ON THIS APPLICATION IS USED FOR THE PURPOSE OF LIMITING OR EXCUSING ANY APPLICANT FROM CONSIDERATION FOR EMPLOYMENT ON A BASIS PROHIBITED BY LOCAL, STATE OR FEDERAL LAW.

IF I AM HIRED, I UNDERSTAND THAT I AM FREE TO RESIGN AT ANY TIME, WITH OR WITHOUT CAUSE AND WITHOUT PRIOR NOTICE, AND THE EMPLOYER RESERVES THE SAME RIGHT TO TERMINATE MY EMPLOYMENT AT ANY TIME, WITH OR WITHOUT CAUSE AND WITHOUT PRIOR NOTICE, EXCEPT AS MAY BE REQUIRED BY LAW. THIS APPLICATION DOES NOT CONSTITUTE AN AGREEMENT OR CONTRACT FOR EMPLOYMENT FOR ANY SPECIFIED PERIOD OR DEFINITE DURATION. I UNDERSTAND THAT NO REPRESENTATIVE OF THE EMPLOYER, OTHER THAN AN AUTHORIZED OFFICER, HAS THE AUTHORITY TO MAKE ANY ASSURANCES TO THE CONTRARY. I FURTHER UNDERSTAND THAT ANY SUCH ASSURANCES MUST BE IN WRITING AND SIGNED BY AN AUTHORIZED OFFICER.

I UNDERSTAND IT IS THIS COMPANY'S POLICY NOT TO REFUSE TO HIRE A QUALIFIED INDIVIDUAL WITH A DISABILITY BECAUSE OF THAT PERSON'S NEED FOR A REASONABLE ACCOMMODATION AS REQUIRED BY THE ADA.

I ALSO UNDERSTAND THAT IF I AM HIRED, I WILL BE REQUIRED TO PROVIDE PROOF OF IDENTITY AND LEGAL WORK AUTHORIZATION.

I represent and warrant that I have read and fully understand the foregoing and seek employment under these conditions, and that I have received and understand the attached job requirements for the position for which I am applying:

Job Requirements: Shop Employees (Welders, Fitters, Helpers, Maintenance Personnel [Section 406.0113](#))

Job Requirements: Office Employees (Engineers, Drafters, Inspectors, Estimators, Accounting personnel [Section 406.0116](#))

Signature of Applicant: _____

Date: _____

Per [Section 203.0902](#), revisions to this document require no retraining.

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