

FORKEY FABRICATION, INC.

EQUAL OPPORTUNITY
EMPLOYER

Personal Information

Drug screening: **Applicant must be able to pass pre-employment hair analysis.**

Date			
Name (Last Name First)		Email (optional)	
Present Address	City	State	Zip Code
Employment desired (full-time, part-time, seasonal/temporary)			
Are you Legally Authorized to work in the United States? Yes Or No _____			
Do you now, or will you in the future, require immigration sponsorship for work authorization (e.g., H-1B)? Yes or No _____ (If hired, verification will be required consistent with federal law).			
Phone # where you can be contacted during business hours. Do you have Voice Mail	() area code	Referred By	Are you at least 18 years of age (if no, you may be required to provide authorization to work)? Yes or No _____
Do you have a valid Drivers License	Yes or No _____	Do you have reliable transportation to work?	Yes or No _____

Employment Desired

Position		Date You Can Start		Salary Desired	
Are You Currently Employed?	Yes	No	If So, May We Inquire Of Your Present Employer?	Yes	No
Have You Ever Applied To This Company Before?	Yes	No	Where?		How did you hear of our Company?
					When?
Location of the following			Did you Graduate Yes or No?	Course of Study or Major	
High School					
College					
Graduate School					
Trade, Business Or Other School					

General Information

Subjects of Special Study/Research		Work or Special Training/Skills	If so explain skills:
Able to read blueprints	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Able to read calipers	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Able to read micrometers	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Ever worked in Machine/Fab environment	<input type="checkbox"/> Yes <input type="checkbox"/> No		

Former Employers (List Below Last Three Employers, Starting With Last One First)

Date Month and Year	Name & Address Of Employer	Position	Reason For Leaving
From			
To			
From			
To			
From			
To			

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References

Give Below The Names Of Three Persons Not Related To You, Whom You have Known At Least One Year.

Name	Address	Business	Years Known

The Company is committed to a policy of Equal Employment Opportunity and will not discriminate against an applicant or employee on the basis of race (including traits historically associated with race), color, religion, creed, national origin, ancestry, sex/gender (including pregnancy), age, physical or mental disability, veteran or military status, sexual orientation, gender identity, gender expression, transgender status, predisposing genetic characteristics or carrier status, genetic information, marital status, familial status, domestic violence victim status, reproductive health decision making, or any other characteristic or basis protected by law. The information collected by this application is solely to determine suitability for employment, verify identity, and maintain employment statistics on applicants.

The Company provides reasonable accommodations to qualified individuals with disabilities in accordance with federal and state law.

Please inform the Company if you need assistance completing this application or to otherwise participate in the application process.

I also understand and agree that if hired by the Company, my employment will be at-will, and that no representative of the Company has any authority to enter into any agreement for employment for any specified period of time, or to make any agreement contrary to the foregoing, unless it is in writing and signed by the President of the Company.

I authorize investigation of all statements contained herein and the references and employers 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 the Company from all liability for any damage that may result from utilization of such information.

I understand that my employment with the Company is contingent on my providing sufficient documentation necessary to establish my identity and eligibility to work in the United States. I also understand that I may be subject to a pre-employment drug test after receiving a conditional offer of employment, and must receive a negative test result before being permitted to commence work for the Company.

Date _____

Signature _____