



# VAL-FAB, INC.

CUSTOM METAL FABRICATORS

## Employment Application

Equal Opportunity Employer

### APPLICANT INFORMATION

Name (first, middle, last)	Date:
Address (street, city, state, zip code)	Day Telephone (      )
Social Security #	Evening Telephone (      )
Are there other names under which you have worked or attended school? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please list for reference checking purposes.	
Are you legally authorized to work in the U.S.? <input type="checkbox"/> Yes <input type="checkbox"/> No (If hired, you will be required to provide proof of work authorization.)	
Have you lived/worked in any other states in the last 12 months?	
Are you at least 18 years old? <input type="checkbox"/> Yes <input type="checkbox"/> No If not, your employment will be subject to verification that you meet state/federal minimum age requirements for the type of work you are applying for and have obtained a valid work permit.	
Have you ever been convicted of a crime or pleaded no contest for any offense or violation other than minor traffic violations? <input type="checkbox"/> Yes <input type="checkbox"/> No    If yes, explain 1) nature of crime, 2) date of conviction, and 3) state in which convicted. (Convictions are not an automatic bar to employment.)	
Do you have any <i>pending</i> criminal charges against you? <input type="checkbox"/> Yes <input type="checkbox"/> No    If yes, describe the 1) nature of the charges, 2) date issued, and 3) county and state where issued.	

### POSITION APPLYING FOR

Have you ever applied at this company before? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, when:	Have you ever worked at this company before? <input type="checkbox"/> Yes <input type="checkbox"/> No    If yes, when:
What position are you applying for?	Shift Preference: 1 <sup>st</sup> 2 <sup>nd</sup>
Salary/Hourly Wage Desired - \$	When can you start?

## EDUCATION

<u>School</u>	<u>Name and Location (city, state)</u>	<u>No. Years Attended</u>	<u>Major subjects</u>	<u>Diploma or Degree Received</u>
High School				<input type="checkbox"/> Yes <input type="checkbox"/> No
College				<input type="checkbox"/> Yes <input type="checkbox"/> No Type:
Graduate				<input type="checkbox"/> Yes <input type="checkbox"/> No Type:
Other (specify)				<input type="checkbox"/> Yes <input type="checkbox"/> No Type:

## TRAINING COURSES AND SPECIAL SKILLS

Describe any specialized training, apprenticeships, licenses, or skills relevant to position desired.

<u>Course/Seminar</u>	<u>Organization Sponsoring</u>	<u>Content</u>	<u>Date(s) Attended</u>

## REQUIRED LICENSE(S)

If you are required to drive a motor vehicle for the job applying for, state your:

1.) Drives License number

2.) State issued

Are you licensed with any group, association or society relating to the job for which you are applying?  Yes  No

**EMPLOYMENT HISTORY**  
**(start with most recent; use separate sheet if necessary)**

Name of Employer		Telephone (    )	
Address		If currently employed, may we contact as a reference? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Job Title		Employment Dates	From
Name of Immediate Supervisor		(month and year)	To
Description of Duties			
Salary — start	Salary — end	Reason for Leaving	
Name of Employer		Telephone (    )	
Address		If currently employed, may we contact as a reference? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Job Title		Employment Dates	From
Name of Immediate Supervisor		(month and year)	To
Description of Duties			
Salary — start	Salary — end	Reason for Leaving	
Name of Employer		Telephone (    )	
Address		If currently employed, may we contact as a reference? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Job Title		Employment Dates	From
Name of Immediate Supervisor		(month and year)	To
Description of Duties			
Salary — start	Salary — end	Reason for Leaving	
Name of Employer		Telephone (    )	
Address		If currently employed, may we contact as a reference? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Job Title		Employment Dates	From
Name of Immediate Supervisor		(month and year)	To
Description of Duties			
Salary — start	Salary — end	Reason for Leaving	

## EMPLOYMENT REFERENCES

List individuals familiar with your job qualifications (**no relatives or personal friends**).

Name	Day Telephone (    )
Address	Evening Telephone (    )
Relationship	How long known?
Name	Day Telephone (    )
Address	Evening Telephone (    )
Relationship	How long known?
Name	Day Telephone (    )
Address	Evening Telephone (    )
Relationship	How long known?

### Please Read Carefully Before Signing This Form

All information contained in this application is true and correct to the best of my knowledge and belief. I understand that misrepresentations or omissions of any kind may result in denial of employment or be cause for subsequent dismissal if I am hired.

I authorize the company to investigate my responses on this application and contact any or all of my former employers or any individuals familiar with my employment background for the purpose of verifying any information I have provided and/or for the purpose of obtaining any information, whether favorable or unfavorable, about me or my employment. I voluntarily and knowingly fully release and hold harmless any person or organization that provides information pertaining to me or my employment.

I understand that upon receiving a job offer, a physical examination and drug screening may be required. (Note: If this is a job requirement, you will be notified.)

Regardless of whether or not I become employed by the company, I recognize that this application is not and should not be considered a contract of employment. I understand that employment at the company is on an at-will basis and that my employment may be terminated with or without cause, and without notice, at any time, at my option or the company's, unless specifically provided otherwise in a written employment contract. I further understand that no company employee or representative has the authority to enter into a contract regarding duration or terms and conditions of employment other than an officer or official of the company, and then only by means of a signed, written document.

**Signed Applicant** \_\_\_\_\_ **Date** \_\_\_\_\_

***Thank you for your interest in our company.***

# VAL-FAB, Inc.

## Custom Metal Fabrications

\*\*\*Place checkmark next to each item that you have experience with\*\*\*

Machines Operated On		Miscellaneous Experience	
Brake Press – Manual		Forklifts	
Burning Table (Setup/Operate)		Grinders	
Cutting Torch		Jigs/Fixtures - Setup	
Jib Crane		Own Layouts and Setups	
Overhead Crane		Blueprints	
Mill - Manual		Assembly – Mechanical	
Drill Press (Setup or Operate)		Assembly – Electrical/Electronics	
Band Saw Vertical		Angel Iron Rolling	
Band Saw Horizontal		Other:	
Other:			
Welding Experience		Types of Metals	
Certified SMAC		Stainless Steel	
Certified FCAW		Carbon Steel	
Certified GMAW		Cast Iron	
Certified GTAW		Exotic Metals	
Certified ASME		Aluminum	
Certified (State or In-House Expires __)		Galvanized Metal	
Metal Thickness – 24 to 10 Gauge		Other:	
Metal Thickness – 3/16” to 1”			
Fabricate Own Parts			
First Piece Inspection			
Custom Fabrication			
Forming/Bending			
Other:			

# Employee Voluntary Self-Identification Survey Form for EEO-1 Reporting Requirements

Employee Name: \_\_\_\_\_

Current Position: \_\_\_\_\_

We are subject to certain governmental recordkeeping and reporting requirements for the administration of civil rights laws and regulations. In order to comply with these laws, we are required to invite you to voluntarily self-identify your race or ethnicity. Submission of this information is voluntary and refusal to provide it will not subject you to any adverse treatment. The information obtained will be kept confidential and may only be used in accordance with the provisions of applicable laws, executive orders, and regulations, including those that require the information to be summarized and reported to the federal government for civil rights enforcement. When reported, data will not identify any specific individual.

1. WHAT IS YOUR GENDER?  Male  Female

2. ARE YOU HISPANIC OR LATINO\*?  Yes  No

\*A person of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin regardless of race.

3. IF YOUR ANSWER TO QUESTION 2 IS NO, PLEASE IDENTIFY YOUR RACE:

White-A person having origins in any of the original peoples of Europe, the Middle East, or North Africa.

Asian-A person having origins in any of the original people of the Far East, Southeast Asia, or the Indian Subcontinent, including, for example, Cambodia, China, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand and Vietnam.

American Indian or Alaskan Native-A person having origins in any of the original peoples of North and South America (including Central America), and who maintain tribal affiliation or community attachment.

Black or African American-A person having origins in any of the black racial groups of Africa.

Native Hawaiian or Other Pacific Islander-A person having origins in any of the people of Hawaii, Guam, Samoa, or other Pacific Islands.

Two or More Races-All persons who identify with more than one of the above five races.

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## How Were You Referred To This Job?

Walk In  Employee Referral  Employment Agency  Company Website

School/College  State Job Service  Advertisement: \_\_\_\_\_

Thank you for completing this form.

## BACKGROUND VERIFICATION DISCLOSURE

As part of the employment process, Company Name, may obtain a Consumer Report and/or an Investigative Consumer Report. The Fair Credit Reporting Act as amended by the Consumer Reporting Reform Act of 1996 requires that we advise you that for purposes of employment only, a Consumer Report may be made which may include information about your character, general reputation, personal characteristics, or mode of living. Upon written request, additional information as to the nature and scope of the report, if one is made, will be provided, in the event the Report contains information regarding your character, general reputation, personal characteristics, or mode of living.

### AUTHORIZATION and RELEASE

During the application process and at any time during any subsequent employment, I hereby authorize Company Name, or its Agent, Pinkerton Consulting & Investigations, to procure a Consumer Report which I understand may include information regarding my credit worthiness, credit standing, credit capacity, character, general reputation, personal characteristics, or mode of living. This report may be compiled with information from credit bureaus, courts record repositories, departments of motor vehicles, past or present employers, educational institutions, governmental occupational licensing or registration entities, business or personal references, and any other source required to verify information that I have voluntarily supplied. I understand that I may request a complete and accurate disclosure of the nature and scope of the background verification, to the extent such investigation includes information bearing on my character, general reputation, personal characteristics or mode of living.

### PLEASE PRINT CLEARLY

Signature	Date	Name Printed
Social Security Number		*Date of Birth
Maiden Name and/or Other Names Used		* Sex
Current Address		How Long Have You Lived at Current Address
City, State, Zip		County
Previous Address		How Long Did You Live at Previous Address
City, State, Zip		County
<b>VALID DRIVER'S LICENSE NUMBER</b> DO NOT provide a State Identification Number. If your license is Suspended/Denied/Revoked, you must still provide your driver's license number.		State Driver's License Issued From

\* Voluntary - However, without this information, we will be unable to properly identify you during the course of our background search.

DO NOT WRITE BELOW THIS LINE – FOR OFFICE USE ONLY

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