

Please print all information requested except signature



TST Fab & Machine Application for Employment

Applicants may be tested for illegal drugs

Please complete pages 1 – 4 Date: _____

Name: _____
Last First Middle Maiden

Present Address: _____
Number Street City State Zip

How long have you lived there? _____ Social Security No.: _____

Phone: _____ If under 18, please list age: _____

Position applying for: _____ Salary desired: _____

Employment Desired: Full-time Part-time Full or Part-time

How many hours can you work weekly: _____ Can you work nights? Yes No

Days/hours available to work:

Sun. _____ Mon. _____ Tues. _____
 Wed. _____ Thur. _____ Fri. _____
 Sat. _____ No Preference

When are you available to start work? _____

Education History

Type of School <small>(High School, College, etc.)</small>			
Name of School			
Address <small>(Street, City, State, Zip)</small>			
Years completed			
Major/Degree			

Have you ever been convicted of a crime? Yes No

If yes, explain number of conviction(s), nature of offense(s) leading to conviction(s), how recently such offense(s) was/were committed, sentence(s) imposed, and type(s) of rehabilitation:

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Do you have a driver's license?	Yes	No
What is your means of transportation to work? _____		
Driver's License No.: _____	State Issued: _____	
Expiration Date: _____	Operator	Commercial (CDL) Chauffeur
Any accidents in the last 3 years? _____	How many? _____	
Any moving violations in the last 3 years? _____	How many? _____	

Office Only					
Typing:	Yes	No	WPM _____	10-key:	Yes No
Word Processing:	Yes	No	WPM _____		
Personal Computer:	Yes	No		Type:	PC Mac
Other Skills:					

Please list two references, other than relatives or previous employers.

Name: _____	Name: _____
Position: _____	Position: _____
Company: _____	Company: _____
Address: _____	Address: _____
_____	_____
Telephone: _____	Telephone: _____

An application form sometimes makes it difficult for an individual to adequately summarize a complete background. Use the space below to summarize any additional information necessary to describe your full qualifications for the specific position of which you are applying.

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Military		
Have you ever been in the Armed Forces?	Yes	No
Are you now a member of the National Guard?	Yes	No
Specialty: _____	Date Entered: _____	Discharge Date: _____

Work Experience

Please list your work experience for the **past five years** beginning with your most recent job held. If you were self-employed, give firm name. **Attach additional sheets if necessary.**

Employer #1

Employer Name: _____	Name of last Supervisor: _____
Street Address: _____	Employment Dates: _____
City & State: _____	Start: _____ End: _____
Zip code: _____	Starting Pay or Salary: _____
Telephone No.: _____	Final Pay or Salary: _____
E-mail: _____	Your last job title: _____
Reason for leaving (be specific): _____	

List the jobs you held, duties performed, skills used or learned, advancements or promotions, while you worked at this company:

Employer #2

Employer Name: _____	Name of last Supervisor: _____
Street Address: _____	Employment Dates: _____
City & State: _____	Start: _____ End: _____
Zip code: _____	Starting Pay or Salary: _____
Telephone No.: _____	Final Pay or Salary: _____
E-mail: _____	Your last job title: _____
Reason for leaving (be specific): _____	

List the jobs you held, duties performed, skills used or learned, advancements or promotions, while you worked at this company:



Work Experience (cont.)

Please list your work experience for the **past five years** beginning with your most recent job held.
If you were self-employed, give firm name. **Attach additional sheets if necessary.**

Employer #3

Employer Name:	_____	Name of last Supervisor:	_____
Street Address:	_____	Employment Dates:	
City & State:	_____	Start:	_____ End: _____
Zip code:	_____	Starting Pay or Salary:	_____
Telephone No.:	_____	Final Pay or Salary:	_____
E-mail:	_____	Your last job title:	_____
Reason for leaving (be specific): _____			

List the jobs you held, duties performed, skills used or learned, advancements or promotions, while you worked at this company:

Employer #4

Employer Name:	_____	Name of last Supervisor:	_____
Street Address:	_____	Employment Dates:	
City & State:	_____	Start:	_____ End: _____
Zip code:	_____	Starting Pay or Salary:	_____
Telephone No.:	_____	Final Pay or Salary:	_____
E-mail:	_____	Your last job title:	_____
Reason for leaving (be specific): _____			

List the jobs you held, duties performed, skills used or learned, advancements or promotions, while you worked at this company:

May we contact your present employer? Yes No

Did you complete this application yourself? Yes No

If not, who did? _____



PLEASE READ CAREFULLY

APPLICATION FORM WAIVER

In exchange for the consideration of my job application by TST Fab & Machine, LLC. (hereinafter called "the Company"), I agree that:

Neither the acceptance of this application nor the subsequent entry into any type of employment relationship, either in the position applied for or any other position, and regardless of the contents of employee handbooks, personnel manuals, benefit plans, policy statements, and the like as they may exist from time to time, or other Company practices, shall serve to create an actual or implied contract of employment, or to confer any right to remain an employee of _____, or otherwise to change in any respect the employment-at-will relationship between it and the undersigned, and that relationship cannot be altered except by a written instrument signed by the President /General Manager of the Company. Both the undersigned and _____ may end the employment relationship at any time, without specified notice or reason. If employed, I understand that the Company may unilaterally change or revise their benefits, policies and procedures and such changes may include reduction in benefits.

I authorize investigation of all statements contained in this application. I understand that the misrepresentation or omission of facts called for is cause for dismissal at any time without any previous notice. I hereby give the Company permission to contact schools, previous employers (unless otherwise indicated), references, and others, and hereby release the Company from any liability as a result of such contract.

I also understand that (1) the Company has a drug and alcohol policy that provides for preemployment testing as well as testing after employment; (2) consent to and compliance with such policy is a condition of my employment; and (3) continued employment is based on the successful passing of testing under such policy. I further understand that continued employment may be based on the successful passing of job-related physical examinations.

I understand and agree to, that in connection with the routine processing of your employment application, the Company may request from a consumer reporting agency an investigative consumer report including information as to my credit records, background check, driving record, character, general reputation, personal characteristics, and mode of living. Upon written request from me, the Company, will provide me with additional information concerning the nature and scope of any such report requested by it, as required by the Fair Credit Reporting Act.

I further understand that my employment with the Company shall be probationary for a period of ninety (90) days, and further that at any time during the probationary period or thereafter, my employment relation with the Company is terminable at will for any reason by either party.

Signature of Applicant

Date

This Company is an equal employment opportunity employer. We adhere to a policy of making employment decisions without regard to race, color, religion, sex, sexual orientation, national origin, citizenship, age, or disability. We assure you that your opportunity for employment with this Company depends solely on your qualifications.