



COMPANY INC. WINCHESTER VA.



# APPLICATION FOR EMPLOYMENT

## PERSONAL INFORMATION

DATE \_\_\_\_\_

NAME (LAST) (FIRST) (MIDDLE INIT) (SOCIAL SECURITY NUMBER)

PRESENT ADDRESS (STREET) (CITY) (STATE) (ZIP)

PERMANENT ADDRESS (STREET) (CITY) (STATE) (ZIP)

PHONE NUMBER & BEST TIME TO CALL REFERRED BY:

## EMPLOYMENT DESIRED

POSITION: DATE YOU CAN START: SALARY DESIRED:

Type of employment desired: (circle one) FULL TIME PART-TIME TEMPORARY SEASONAL EDUCATIONAL CO-OP

ARE YOU EMPLOYED? IF SO MAY WE INQUIRE OF YOUR PRESENT EMPLOYER?

EDUCATION	NAME AND LOCATION OF SCHOOL	YEARS ATTENDED	DEGREE OR DIPLOMA	SUBJECTS STUDIED
HIGH SCHOOL				
COLLEGE				
COLLEGE				
TRADE, BUSINESS, OR CORRESPONDENCE SCHOOL				

## GENERAL

SUBJECTS OF SPECIAL STUDY OR RESEARCH WORK

PRESENT MEMBERSHIP IN NATIONAL GUARD OR RESERVES? (SPECIFY)

IF PRESENTLY EMPLOYED, MAY WE CONTACT YOU AT WORK?

HAVE YOU FILED AN APPLICATION HERE BEFORE? IF YES, GIVE DATE

HAVE YOU EVER BEEN EMPLOYED HERE BEFORE? IF YES, GIVE DATES

ARE YOU LEGALLY ELIGIBLE FOR EMPLOYMENT IN THIS COUNTRY?  
(Proof of U.S. Citizenship or immigration status will be required upon employment)

ARE YOU ON LAYOFF AND SUBJECT TO RECALL?

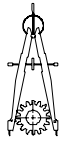
ARE YOU ABLE TO MEET THE ATTENDANCE REQUIREMENTS OF THE POSITION?

WILL YOU WORK OVERTIME IF REQUIRED?

IS THERE ANYTHING THAT WOULD PREVENT YOU FROM PERFORMING IN A REASONABLE AND SAFE MANNER ANY OF THE ACTIVITIES INVOLVED IN THE POSITION FOR WHICH YOU HAVE APPLIED? IF YES, SPECIFY BELOW.



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IN CASE OF AN EMERGENCY NOTIFY:

(NAME)

(ADDRESS)

(PHONE NO.)

**FORMER EMPLOYERS** (LIST BELOW YOUR LAST FOUR EMPLOYERS, STARTING WITH THE LAST ONE FIRST)

DATE MONTH AND YEAR	NAME AND ADDRESS OF EMPLOYER	SALARY	POSITION	REASON FOR LEAVING
FROM				
TO				
FROM				
TO				
FROM				
TO				
FROM				
TO				

**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

*I AUTHORIZE INVESTIGATIONS OF ALL STATEMENTS CONTAINED IN THIS APPLICATION. I UNDERSTAND THAT MISREPRESENTATION OR OMISSION OF FACTS CALLED FOR IS CAUSE FOR DISMISSAL. FURTHER, I UNDERSTAND AND AGREE THAT MY EMPLOYMENT IS FOR NO DEFINITE PERIOD AND MAY, REGARDLESS OF THE DATE OF PAYMENT OF MY WAGES AND SALARY, BE TERMINATED AT ANY TIME WITHOUT ANY PREVIOUS NOTICE. IF THE COMPANY MAKES A CONDITIONAL JOB OFFER, I GIVE PERMISSION FOR A PRE-EMPLOYMENT DRUG/ALCOHOL EXAM, AND IF EMPLOYED, I MAY BE REQUIRED TO SUBMIT TO AN ALCOHOL OR DRUG SCREENING AT ANY TIME AT THE DISCRETION OF THE COMPANY.*

APPLICANTS SIGNATURE:

DATE

INTERVIEWED BY

(APPLICANT DO NOT WRITE BELOW THIS LINE)

DATE

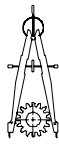
**REMARKS:**

NEATNESS	CHARACTER			
PERSONALITY	ABILITY			
HIRED	FOR DEPT.	POSITION	WILL REPORT	SALARY/WAGES
APPROVED: 1.				
		(HIRING AUTHORITY)	(DATE)	
2.				
		(GENERAL MANAGER)	(DATE)	

Employees of Fabritek Company Inc., and applicants for employment shall be afforded equal opportunity in all respects of employment without regard to race, color, religion, political affiliation, national origin, disability, marital status, gender, or age.



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# APPLICATION FOR EMPLOYMENT

## JOB SKILLS LIST

Check only the boxes below for the skills and equipment in which you have competence and experience.  
Give additional information where indicated, when needed or desired.

### MACHINE SHOP

SKILL	check	Additional Information
<b>CNC Machining Operation</b>		
vertical machining center		
horizontal machining center		
turning machine (lathe)		
waterjet		
laser		
wire EDM		
<b>CNC Programming</b>		
<b>CNC Machine Setup</b>		
<b>NC Machining Operation</b>		
track mill		
horizontal boring mill		
bed mill		
others		
<b>Manual Machining Operation</b>		
Lathes		
Bridgeport milling machines		
Blanchard grinder		
precision surface grinder		
honing machine		
horizontal hone		
tool grinder		
planer		
slotter		
shaper		
portable mill		
<b>Other Machine Tools</b>		
drill press		
band saw, horizontal		
band saw, vertical		
cutoff saw		
bar and pipe threader		
hydraulic press		
stamping equipment		



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Check only the boxes below for the skills in which you have competence and experience.  
Give additional information where indicated, when needed.

### **WELDING AND FABRICATION**

SKILL	check	Additional Information
<b>WELDING</b>		
GMAW (MIG)		
FCAW		
SMAW		
GTAW (TIG)		
materials		
steel		
alloys		
stainless steel		
cast iron		
aluminum		
magnesium		
other non ferrous		
AWS Certification		
ASME Certification		
dye penetrant inspection		
magnetic particle inspection		
visual inspection		
<b>OTHER</b>		
spot welding		
thermal spray coating		
plasma cutting		
oxy-fuel cutting		
silver soldering		
brazing		
<b>FABRICATION</b>		
iron worker		
angle/bar shape rolling		
shear		
press brake		
apron brake		
rolls		
<b>PAINTING/COATING</b>		
sand blast		
bead blast		
electrostatic painting		
airless spray		
air assist spray		
black oxide		
<b>OTHER</b>		
forklift		
bridge crane		





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## JOB SKILLS LIST

### OTHER SKILLS

SKILL	check	Additional Information
<b>ELECTRICAL</b>		