

Employment Application Form



Application Date

Interview Date

General Information

Last Name _____ First Name _____ Initial _____ Social Security No. _____

Address _____ Home Telephone _____

City, State, Zip _____ Message Telephone _____

Position Applied For _____ Salary Desired _____

Date Available _____ Hours Available _____
 FULLTIME PARTIME TEMPORARY PERMANENT

Are you able to perform the essential job functions of the position you are applying with or without reasonable accommodations? YES NO If hired, will you be able to work overtime? YES NO

Are you at least 18 years of age? YES NO If under 18, do you have a work permit? YES NO

Have you ever been convicted of a crime, excluding misdemeanors and summary offenses, which has not been annulled, expunged or sealed by court? A yes response does not automatically disqualify your application. If yes, please explain. YES NO

Education Information

School _____ Address _____ Major Studies _____ Degree, Diploma, License or Certificate (list type and date) _____

High School _____

Vocation/Business/Other _____

College/university _____

College/university _____

Graduate _____

Other Special Knowledge, Skills or Qualifications (list any construction or manufacturing equipment, office skills, technical equipment or training) _____

Military Service (list dates, ranks and training) _____

For Clerical Applicants Only:

Do you type? NO YES: _____ WORDS PER MINUTE

Computer Skills (hardware/software) _____

Employment History

List all employers, starting with the most recent position. All information must be completed. You may attach a resume, but not in place of completing the required information.

Most Recent Employer Is this your current employer? NO YES May we contact this employer for references? NO YES

Employed From Employed To Job Title Starting Salary Ending Salary

Employer Name Employer Address Supervisor's Name Supervisor's Phone

Job Duties and Responsibilities

Reason for Leaving

Next Most Recent Employer

Employed From Employed To Job Title Starting Salary Ending Salary

Employer Name Employer Address Supervisor's Name Supervisor's Phone

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Reason for Leaving

Other Information

Volunteer Activities (list organization, type of service, dates)

Hobbies, Interests (optional)

Certification and Authorization

The above information is true and correct.

I authorize the Company to inquire into my education, past employment history, and references as needed to research my qualifications for this position.

If employed, I will be required to provide original documents which verify my identity and right to work in the United States under the Immigration Reform and Control Act (IRCA) of 1986. The document(s) provided will be used for the completion of Form I-9.

I hereby acknowledge that I have read and agree to the above statements.

Signature

Date

CUST-O-FAB, INC.
CONSUMER AUTHORIZATION & RELEASE

In connection with **CUST-O-FAB, INC.** considering me for employment, continued employment, promotion or reassignment, I authorize **CUST-O-FAB, INC.** and/or its agent, **SELECTFORCE, INC.**, to obtain a consumer report which may include information on my character, general reputation, personal characteristics, and mode of living from public record sources or through personal interviews with previous employers or associates. Public record check may include but not limited to a criminal or felony background check and sex offender's registry check. I understand that a consumer reporting agency investigation may include obtaining a motor vehicle license and that we will conform to the Driver Privacy Protection Act. The applicant is required for the motor vehicle to provide a consent form and a photo I.D. before obtaining the record. Our company will retain the consent form and the results for a period of 5 years

I authorize, without reservation, any person or entity contacted by **CUST-O-FAB, INC.**, or its agent, **SELECTFORCE, INC.**, to furnish the above-stated information and I release any such person or entity from any and all liability for furnishing such information. I further release **CUST-O-FAB, INC.** its affiliated companies, their officers, employees and agents, and specifically, **CUST-O-FAB, INC.**, their affiliated companies, their officers, employees and agents from any liability and responsibility arising from the preparation of said report. I understand that false or misleading statements made on this authorization, or made during the employment process, will disqualify me from consideration for employment or result in my immediate discharge if employed.

By my execution hereof I acknowledge I have been provided with a Consumer Disclosure advising me that a credit report will be requested and used for the purpose of evaluating me for employment, continued employment, promotion or reassignment as an employee.

PLEASE PRINT

NAME: _____
First Middle Last Maiden
DOB* _____ SSN# _____ DR.LIC. # _____ STATE ISSUED: _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____ How Long? _____

PREVIOUS ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____ How Long? _____

SIGNATURE: _____ DATE: _____

*"Date of Birth" (DOB) will be used solely for the purpose of identification in doing background checks and will not be considered in the "employment" process.

CONSUMER DISCLOSURE

In connection with Cust-O-Fab, Inc. considering you for employment, continued employment, promotion or reassignment, Cust-O-Fab, Inc. may obtain a consumer report on you which may include information on character, general reputation, personal characteristics, and mode of living from public record sources or personal interviews with previous employers or associates.

You have the right, upon written request, to receive a written description of the nature and scope of the investigation requested and a written summary of your rights under the Fair Credit Reporting Act.

I HEREBY ACKNOWLEDGE RECEIPT:

Print Name

Date

Signature