



APPLICATION FOR EMPLOYMENT

An Equal Opportunity Employer

We do not discriminate on the basis of race, color, religion, national origin, sex, age, disability, genetic information or any other status protected by law or regulation. It is our intention that all qualified applicants be given equal opportunity and that selection decisions are based on job-related factors.

Answer each question fully and accurately. No action can be taken on this application until you have answered all questions. Use blank paper if you do not have enough room on this application. **PLEASE PRINT**, except for signature on back of application. In reading and answering the following questions, be aware that none of the questions are intended to imply illegal preferences or discrimination based upon non-job-related information.

Able Steel Fabricators, Inc. is committed to a safe, healthy, and productive work environment for all employees free from the effects of substance abuse. Abuse of alcohol, drugs, or controlled substances.

Pre-Employment Testing: All persons seeking employment with Able Steel shall undergo post-offer, pre-employment drug testing. As a condition of employment Applicants must pass a drug screening test.

Applicants who test positive will be notified that they have not met the standards for employment and will be informed they can have the confirmed positive test re-tested by a government certified lab selected by the applicant.

Able Steel will refuse to hire an Arizona medical marijuana registered cardholder if the job position you are applying or hired for is specifically classified as a **Safety-Sensitive** position. Please reference section I for job classifications.

SECTION I:

GENERAL

- Name _____ Today's Date _____
- Email Address: _____ Telephone Number () _____
- Are you seeking: Full-time Part-time Temporary employment?
- What Shift(s) are you available? 1st _____ 2nd _____ 3rd _____
- Rate of Pay Desired ? _____ When could you start work? _____
- How did you hear about Us? _____

What Position are you applying for? _____ or circle below **(Please select at least one)**

GENERAL OFFICE STAFF/DETAILING

- Admin Assistant Detailer Document Control
- Accounting Assistant Receptionist Other

Shop/Yard: All Positions in this section are Classified as Safety-Sensitive

- Plant Manager Fitter/Welder Driver/Operator Tool Crib Attendant
- Shipping/Yard Manager Fitter Painter Laborer
- Safety Coordinator Welder A (cert) Shop Lead/Supervisor
- Quality Control Mgr. Welder B (cert) Parts Runner
- Shop Foreman QC Inspector/Asst. Forklift Operator
- Maintenance Manager Machine Operator Maintenance-General

SECTION II.

PERSONAL INFORMATION

Current Street Address _____ City _____ State _____ Zip Code _____

Are you 18 years of age or older? Yes No
(If you are hired, you may be required to submit proof of age.)

If hired, you will be required to furnish proof of your eligibility to work in the U.S.

Have you ever applied here before? Yes No If yes, when? _____

Were you ever employed here? Yes No If yes, when? _____

Are you currently employed? Yes No If yes, May we contact? _____

Have you ever been fired from a job or asked to resign? Yes No

If yes, please explain: _____

Have you ever been convicted of any law violation? (Include any plea of "guilty" or "no contest." Exclude minor traffic violations.) Yes No

If yes, give details _____
(A conviction will not necessarily disqualify an applicant for employment.)

If employed, do you expect to be engaged in any additional business or employment outside of our job? Yes No If yes, give details _____

EDUCATION

List Name and Address of Schools		Number of Years Completed	Diploma/ Degree/ Certificate
High School or GED			
College or University			
Subjects Studied			
Vocational or Technical			
Subjects Studied			

SPECIAL SKILLS

What skills or additional training do you have that are related to the job for which you are applying? _____

What machines or equipment can you operate that are related to the job for which you are applying? _____

For Driving Jobs Only: Do you have a valid driver's license? Yes No

Driver's License Number _____ Class of License _____ State Licensed In _____

Have you had your driver's license suspended or revoked in the last 3 years? Yes No

If yes, give details: _____

List professional, trade, business or civic activities and offices held.
 (Exclude labor organizations and memberships which reveal race, color, religion, national origin, sex, age, disability, genetic information or other protected status.)

SECTION III.

WORK HISTORY

List names of employers in consecutive order with present or last employer listed first. Account for all periods of time including military service and any periods of unemployment. If self-employed, give firm name and supply business references.

Note: A job offer may be contingent upon acceptable references from current and former employers.

Name, Address and Telephone of Employer	Employed		Pay		Reason for leaving
	From (mo/yr)	To(mo/yr)	Start	Final	
			\$	\$	
Title	Duties				Supervisor(s)
Name, Address and Telephone of Employer	Employed		Pay		Reason for leaving
	From (mo/yr)	To(mo/yr)	Start	Final	
			\$	\$	
Title	Duties				Supervisor(s)
Name, Address and Telephone of Employer	Employed		Pay		Reason for leaving
	From (mo/yr)	To(mo/yr)	Start	Final	
			\$	\$	
Title	Duties				Supervisor(s)
Name, Address and Telephone of Employer	Employed		Pay		Reason for leaving
	From (mo/yr)	To(mo/yr)	Start	Final	
			\$	\$	
Title	Duties				Supervisor(s)

SECTION IV.

REFERENCES

Give three references, may be personal or business (please specify)

Name	Address	Phone

AFFIDAVIT, CONSENT AND RELEASE

PLEASE READ EACH STATEMENT CAREFULLY BEFORE SIGNING

I certify that all information provided in this employment application is true and complete. I understand that any false information or omission may disqualify me from further consideration for employment and may result in my dismissal if discovered at a later date.

I authorize the investigation of any or all statements contained in this application. I also authorize, whether listed or not, any person, school, current employer, past employers, and organizations to provide relevant information and opinions that may be useful in making a hiring decision. I release such persons and organizations from any legal liability in making such statements.

I understand I will be required to successfully pass a drug screening examination. I hereby consent to a pre- and/or post-employment drug screen as a condition of employment.

I understand that if I am extended an offer of employment it may be conditioned upon my successfully passing a complete pre-employment physical examination. I consent to the release of any or all medical information as may be deemed necessary to judge my capability to do the work for which I am applying.

I UNDERSTAND THAT THIS APPLICATION, VERBAL STATEMENTS BY MANAGEMENT, OR SUBSEQUENT EMPLOYMENT DOES NOT CREATE AN EXPRESS OR IMPLIED CONTRACT OF EMPLOYMENT NOR GUARANTEE EMPLOYMENT FOR ANY DEFINITE PERIOD OF TIME. ONLY THE PRESIDENT OF THE ORGANIZATION HAS THE AUTHORITY TO ENTER INTO AN AGREEMENT OF EMPLOYMENT FOR ANY SPECIFIED PERIOD AND SUCH AGREEMENT MUST BE IN WRITING, SIGNED BY THE PRESIDENT AND THE EMPLOYEE. IF EMPLOYED, I UNDERSTAND THAT I HAVE BEEN HIRED AT THE WILL OF THE EMPLOYER AND MY EMPLOYMENT MAY BE TERMINATED AT ANY TIME, WITH OR WITHOUT REASON AND WITH OR WITHOUT NOTICE.

I have read, understand, and by my signature consent to these statements.

Signature: _____ Date: _____

This application for employment will remain active for a limited time.
Ask the organization's representative for details.

Application Verified _____ Date _____