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APPLICATION FOR EMPLOYMENT

(PRE-EMPLOYMENT QUESTIONNAIRE) (AN EQUAL OPPORTUNITY EMPLOYER)
 PLEASE PRINT

POSITION(S) APPLIED FOR _____ DATE OF APPLICATION ____/____/____

LAST NAME _____ FIRST NAME _____ MIDDLE NAME _____

STREET ADDRESS _____ CITY _____ STATE _____ ZIP CODE _____

PRIMARY PHONE (____) _____ MOBILE/OTHER PHONE (____) _____

SOCIAL SECURITY NUMBER _____ ARE YOU 18 YEARS OR OLDER? YES _____ NO _____

DRIVERS LICENSE NUMBER (IN CASE DRIVING IS AN ESSENTIAL JOB FUNCTION) _____ CLASS ____ ST ____

ARE YOU EITHER A U.S. CITIZEN OR AN ALIEN AUTHORIZED TO WORK IN THE UNITED STATES? YES _____ NO _____

HAVE YOU EVER BEEN EMPLOYED HERE BEFORE?.....YES _____ NO _____

IF SO, WHEN AND POSITION _____

DATE AVAILABLE FOR WORK _____ SALARY DESIRED _____

ARE YOU EMPLOYED NOW? YES _____ NO _____

IF SO, MAY WE CONTACT YOUR PRESENT EMPLOYER? YES _____ NO _____

EMPLOYMENT HISTORY

PROVIDE THE FOLLOWING INFORMATION FOR YOUR LAST THREE (3) TO FOUR (4) EMPLOYERS, STARTING WITH THE MOST RECENT.

DATE (MONTH/YEAR)	NAME AND ADDRESS OF EMPLOYER	SALARY	POSITION(S)	REASON FOR LEAVING
START				
FINISH	PHONE: ()		Supervisor Name/Title:	
START				
FINISH	PHONE: ()		Supervisor Name/Title:	
START				
FINISH	PHONE: ()		Supervisor Name/Title:	
START				
FINISH	PHONE: ()		Supervisor Name/Title:	

SKILLS and QUALIFICATIONS

Summarize any training, skills, licenses, and/or certificates that may qualify you as being able to perform job-related functions in the position for which you are applying. _____

EDUCATION

NAME & LOCATION	YEARS COMPLETED	DID YOU GRADUATE?	COURSE OF STUDY? MAJOR AND/OR DEGREE
GRAMMAR SCHOOL			
HIGH SCHOOL			
COLLEGE			
TRADE/BUSINESS			

SUBJECT OF SPECIAL STUDY, RESEARCH WORK, OR VOLUNTEER ACTIVITIES, STARTING WITH MOST RECENT IF ANY APPLY.

U.S. MILITARY, NAVAL SERVICE, NATIONAL GUARD or RESERVES RANK YEARS SERVED AND WHEN

REFERENCES

NAME	TELEPHONE	YEARS KNOWN
BUSINESS & TITLE	() EMAIL	
BUSINESS & TITLE	() EMAIL	
BUSINESS & TITLE	() EMAIL	

PHYSICAL RECORD

Do you have any physical limitations that preclude you from performing any work for which you are being considered? YES ____ NO ____

If yes, what can be done to accommodate your limitations? _____

Please describe physical limitations _____

The Age Discrimination in Employment Act of 1987 prohibits discrimination on the basis of age with respect to individuals who are at least 40 years of age.

IN CASE OF EMERGENCY NOTIFY:

NAME	ADDRESS	PHONE NUMBER(S)

I UNDERSTAND THAT IF I AM EMPLOYED, ANY MISREPRESENTATION OR MATERIAL OMISSION MADE BY ME ON THIS APPLICATION WILL BE SUFFICIENT CAUSE FOR CANCELLATION OF THIS APPLICATION OR IMMEDIATE DISCHARGE FROM THE EMPLOYERS SERVICE WHENEVER IT IS DISCOVERED.

I GIVE THE EMPLOYER THE RIGHT TO CONTACT AND OBTAIN INFORMATION FROM ALL REFERENCES, EMPLOYERS, EDUCATIONAL INSTITUTIONS AND TO OTHERWISE VERIFY THE ACCURACY OF THE INFORMATION CONTAINED IN THIS APPLICATION I HEREBY RELEASE FROM LIABILITY THE EMPLOYER AND ITS REPRESENTATIVES FOR SEEKING, GATHERING AND USING SUCH INFORMATION AND ALL OTHER PERSONS, CORPORATIONS OR ORGANIZATIONS FOR FURNISHING SUCH INFORMATION.

THE EMPLOYER DOES NOT UNLAWFULLY DISCRIMINATE IN EMPLOYMENT AND NO QUESTION ON THIS APPLICATION IS USED FOR THE PURPOSE OF LIMITING OR EXCUSING ANY APPLICANT FROM CONSIDERATION FOR EMPLOYMENT ON A BASIS PROHIBITED BY LOCAL, STATE OR FEDERAL LAW. THE EMPLOYER IS AN EQUAL OPPORTUNITY EMPLOYER.

I ALSO UNDERSTAND THAT IF I AM HIRED, I WILL BE REQUIRED TO PROVIDE PROOF OF IDENTITY AND LEGAL WORK AUTHORIZATION.

I UNDERSTAND AND AGREE THAT IF HIRED MY EMPLOYMENT IS FOR NO DEFINITE PERIOD AND MAY REGARDLESS OF THE DATE OF PAYMENT OF MY WAGES AND SALARY, MAY BE TERMINATED AT ANY TIME WITHOUT PRIOR NOTICE.

I REPRESENT AND WARRANT THAT I HAVE READ AND FULLY UNDERSTAND THE FOREGOING AND SEEK EMPLOYMENT UNDER THESE CONDITIONS.

SIGNATURE OF APPLICANT _____ **DATE** / /