
**CUSTOM FABRICATORS & REPAIRS INC.
APPLICANT INSTRUCTIONS**

Thank you for your interest in employment with our Company. We appreciate your application and look forward to the possibility of you joining our team. This sheet is for your information, please read it carefully.

If you need any assistance or accommodation to complete this form or during any of the application process, please notify the person who gave you this form and every effort will be made to provide you with the help you request.

Please print all information so it can be easily read. Be certain that all questions are **completely** answered. Incomplete applications will not be considered. Use the abbreviation "N/A" if a particular provision or section in the form is not applicable to you.

This application form is intended for use in evaluating your qualifications for employment. This is not a contract for employment. False or misleading information given in this form or during the interviewing process are grounds for terminating the application process or, if discovered after employment, for terminating employment. A background check and/or consumer report may be requested by the Company.

Employment decisions are made solely on the basis of qualifications to perform the work for which you are applying. Qualifications include education, training, and work experience. Credentials and experience will be verified through schools, former employers, and any other applicable sources. As an Equal Opportunity Employer, we make decisions to hire and promote without regard to race, color, sex (including pregnancy, childbirth, or related medical conditions; sexual orientation; gender identity, gender expression), marital status, religion, national origin or ancestry, age, physical or mental disability, genetic information, veteran or military status, parental status, citizenship status, level of income, or any other status protected by local, state, and federal laws.

You should understand that the position for which you are applying is considered at-will, which means that either you or the Company can terminate employment for any reason or no reason at any time. No one, except the Company's President, has the authority to amend this agreement.

Our business is a subscriber to Workers' Compensation of Texas.

We appreciate your interest.

I have read and understood the above information.

Applicant Printed Name

Signature

Date

WE ARE AN EQUAL OPPORTUNITY EMPLOYER

APPLICATION FOR EMPLOYMENT

(Please Print)

Position Desired: _____ Date: _____

Name (Last): _____ (First): _____ (Middle): _____

Address: _____

City: _____ State: _____ Zip Code: _____

Telephone Number: _____ Email: _____

Have you ever worked for **Custom Fabricators & Repairs INC.**? Yes No

If so, when? _____

How did you learn about us?

Advertisement Friend Walk-In Relative Other: _____

Please list the names below of any relatives or friends employed by **Custom Fabricators & Repairs INC.**

Are you over eighteen (18) years of age? Yes No

Did you receive a copy of the job description for the position? Yes No

Are you physically or otherwise unable to perform the duties of the job for which you are applying? Yes No

If yes, please describe below (*answering is voluntary, and any answers will be kept confidential*).

Are you currently employed? Yes No

Are you legally authorized to work in the United States? Yes No

Proof of identity and work authorization will be required upon employment.

On what date would you be available for work? _____

Availability: Full-Time Part-Time Shift Work Temporary

Do you have reliable transportation? Yes No

Can you travel if a job requires it? Yes No

Have you ever been convicted or pled guilty or no contest to a felony offense? Yes No

For purposes of employment with **Custom Fabricators & Repairs INC.**, "convictions" include, but are not limited to, sentenced to confinement, paid fine, time served, placed on probation (including deferred adjudication), and court-ordered restitution.

City/State: _____ Charge: _____

*Please explain below:

**Conviction of a felony will not necessarily bar you from employment.*

EDUCATION

HIGH SCHOOL:

Name: _____ City/State: _____

Did you graduate? Yes No Degree: _____

COLLEGE:

Name: _____ City/State: _____

Did you graduate? Yes No Degree/Major: _____

OTHER:

Name: _____ City/State: _____

Did you graduate? Yes No Degree/Major: _____

Current Certifications/Licenses Held: _____

EMPLOYMENT HISTORY

(last ten (10) years-attach additional sheets, if necessary)

Start with your present or last job. You may also include any activities which you believe demonstrate your qualifications for the position applied. "See Resume" is not acceptable.

CURRENT OR MOST RECENT EMPLOYER:

Name: _____ Address: _____

Telephone: _____ Supervisor: _____

Position: _____ Dates of Employment: _____ to _____

Reason for Leaving: _____

Duties: _____

May we contact your current or most recent employer for a reference? Yes No

NEXT PREVIOUS EMPLOYER:

Name: _____ Address: _____

Telephone: _____ Supervisor: _____

Position: _____ Dates of Employment: _____ to _____

Reason for Leaving: _____

Duties: _____

May we contact your previous employer for a reference? Yes No

NEXT PREVIOUS EMPLOYER:

Name: _____ Address: _____

Telephone: _____ Supervisor: _____

Position: _____ Dates of Employment: _____ to _____

Reason for Leaving: _____

Duties: _____

May we contact your previous employer for a reference? Yes No

Complete the following information only if applying for a position that requires use of a vehicle while conducting Company business. If hired, your information will be verified with a Motor Vehicle Report.

Do you have a valid driver's license? YES NO

REFERENCES

Name only those persons who are familiar with your work capabilities. Do not list relatives.

Name: _____ Phone: _____

Company: _____ Relationship: _____

Position: _____ Years Known: _____

Name: _____ Phone: _____

Company: _____ Relationship: _____

Position: _____ Years Known: _____

Name: _____ Phone: _____

Company: _____ Relationship: _____

Position: _____ Years Known: _____

I certify that the answers given herein are true and complete to the best of my knowledge. I authorize the investigation of all statements contained in this application for employment as may be necessary in arriving at an employment decision.

This application for employment shall be considered active for a period of time not to exceed one hundred-eighty (180) days. Any applicant wishing to be considered for employment beyond this time period should inquire as to whether or not applications are being accepted at that time.

I understand that I may be required to successfully complete a pre-employment physical examination conducted by an Employer-authorized physician and that I may be required to successfully pass a pre-employment drug/alcohol screening after I accept a conditional offer of employment.

Applicant Printed Name

Signature

Date