

# FAB MASTERS CO. INC.

# EMPLOYMENT APPLICATION

The questions asked on this form are being asked to properly evaluate your skills, abilities, interests, and experience in relation to the position for which you are applying. Every effort has been made to comply with the applicable state and federal laws. It is not our intent to discriminate in employment by reason of color, race, sex, religion, age, national origin, disability, veteran status and any characteristics protected by Federal, State or Local law.

Name \_\_\_\_\_ Date of Application \_\_\_\_\_

Present Address \_\_\_\_\_

Phone Number \_\_\_\_\_ If no phone, how may we contact you? \_\_\_\_\_

Social Security Number \_\_\_\_\_ Are you 18 years or older?  Yes  No  
 Are you legally eligible for employment in the United States?  Yes  No

How did you learn about Fab Masters Co. Inc? \_\_\_\_\_

Position Desired \_\_\_\_\_ Salary Requirement \_\_\_\_\_ Date Available for Work \_\_\_\_\_

When are you available to work?  1<sup>st</sup> shift  2<sup>nd</sup> shift  Full time  Part time (Mark all that apply)

Have you ever worked at Fab Masters Co. Inc?  Yes  No If "yes", when? \_\_\_\_\_

Please list any friends or relatives that work for Fab Masters Co. \_\_\_\_\_

## EDUCATION

Education Type of School	School name and Address	Major Subject	Circle Last Year attended	Graduated?	Degree/ Diploma
High School			9 10 11 12		
College			1 2 3 4		
College			1 2 3 4		
Trade, Business Or Other			1 2 3 4		

## MILITARY SERVICE RECORD

Active Duty From \_\_\_\_\_ To \_\_\_\_\_ Date of Discharge \_\_\_\_\_

Rank at time of Discharge \_\_\_\_\_ Present Membership in National Guard or Reserves?  Yes  No

Special Training Received \_\_\_\_\_

Skills Acquired \_\_\_\_\_

## ADDITIONAL EXPERIENCE OR QUALIFICATIONS

List any other experience, skills or other qualifications including hobbies, which you believe should be considered in evaluating your qualifications for employment.

Do you possess any professional licenses or certifications?  Yes  No

If yes, please list: \_\_\_\_\_

Fab Masters Co. Inc. is an equal opportunity employer and will not discriminate on the basis of race, color, handicap, sex, age, religion, national origin, weight, height, or marital status in its employment practices.

**INITIAL AND RANDOM DRUG SCREENING IS REQUIRED.**

# EMPLOYMENT EXPERIENCE

(List each and every prior employer, beginning with your current or most recent employer)

**Please fill this section out completely to the best of your knowledge even if you have a resume to attach.**

Company Name \_\_\_\_\_ City/State \_\_\_\_\_  
Phone Number \_\_\_\_\_ Your Title \_\_\_\_\_  
Start Date \_\_\_\_\_ Start Wage \_\_\_\_\_ End Date \_\_\_\_\_ End Wage \_\_\_\_\_ Your Supervisor \_\_\_\_\_  
List Your Responsibilities \_\_\_\_\_  
Why did you or do you want to leave this company? \_\_\_\_\_  
If you are currently employed do you give permission for Fab Masters to contact this employer? \_\_\_\_\_

Company Name \_\_\_\_\_ City/State \_\_\_\_\_  
Phone Number \_\_\_\_\_ Your Title \_\_\_\_\_  
Start Date \_\_\_\_\_ Start Wage \_\_\_\_\_ End Date \_\_\_\_\_ End Wage \_\_\_\_\_ Your Supervisor \_\_\_\_\_  
List Your Responsibilities \_\_\_\_\_  
Why did you leave this company? \_\_\_\_\_

Company Name \_\_\_\_\_ City/State \_\_\_\_\_  
Phone Number \_\_\_\_\_ Your Title \_\_\_\_\_  
Start Date \_\_\_\_\_ Start Wage \_\_\_\_\_ End Date \_\_\_\_\_ End Wage \_\_\_\_\_ Your Supervisor \_\_\_\_\_  
List Your Responsibilities \_\_\_\_\_  
Why did you leave this company? \_\_\_\_\_

Consistent attendance and punctuality are essential requirements of every job with this company. Is there anything that would interfere with your regular attendance and punctuality if you are offered a job with the company?  Yes  No If yes, explain: \_\_\_\_\_

Have you ever been convicted of a crime and/or do you have any felony charges pending against you?  Yes  No If yes, explain: \_\_\_\_\_

*No Applicant will be denied employment solely on the ground of a conviction of a criminal offense. The nature of the offense, the date of the offense, the surrounding circumstances and the relevance of the offense to the position applied for may, however, be considered.*

## **YOU WILL BE REQUIRED TO PASS INITIAL AND RANDOM DRUG SCREENING.**

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Note to the Applicant: **DO NOT ANSWER THIS QUESTION UNLESS YOU HAVE BEEN INFORMED ABOUT THE REQUIREMENTS OF THE JOB FOR WHICH YOU ARE APPLYING.**

Are you capable of performing in a reasonable manner, with or without a reasonable accommodation, the activities involved in the job or occupation for which you have applied?  Yes  No

**Please Read and Initial Each Paragraph Below (If there is any part of this page you do not understand, please ask to speak with the Human Resources Manager about it before signing).**

\_\_\_\_\_ I hereby certify that all answers given by me are true, accurate and complete. I understand that the falsification, misrepresentation or omission of facts on this application or any other accompanying or required documents will be cause for denial of employment or immediate termination of employment, regardless of when or how discovered.

\_\_\_\_\_ I hereby authorize Fab Masters Co. Inc. to thoroughly investigate my references, work records, education and other matters related to my suitability for employment and, further, authorize my current and former employers to disclose to the company any and all letters, reports and other information pertaining to my employment with them, without giving me prior notice of such disclosure. In addition, I hereby release Fab Masters Co. Inc., my current and former employers, and all other persons, corporations, partnerships and associations from any and all claims, demands or liabilities arising out of or in any way related to such investigation or disclosure.

\_\_\_\_\_ I understand that if offered employment, the offer is contingent on my passing a pre-employment alcohol and drug screen. By signing this application, I voluntarily agree to submit to a pre-employment alcohol/drug screen immediately upon receipt of a verbal offer of employment. I understand that failure to pass the alcohol/drug screen will result in withdrawal of the employment offer. Fab Masters Co. Inc., will pay for the alcohol/drug screen, however, any applicant that does not successfully pass the alcohol/drug screen or an employee who does not complete 60 days of employment will be charged the cost of their drug screen.

\_\_\_\_\_ I understand that nothing contained in the application or conveyed to me during any interview which may be granted is intended to create an employment contract, implied or explicit, between me and Fab Masters Co. Inc. In addition, I understand and agree that if I am employed, my employment relationship with Fab Masters Co. Inc. is strictly voluntary and at our mutual will. I understand that if employed, my employment is for no definite period and may be terminated at any time, with or without prior notice, with or without cause or reason, at the option of either myself or Fab Masters Co. Inc.

\_\_\_\_\_ I understand that if offered employment, I will, as a condition of employment, be required to submit proof of my identity and legal right to work in the United States on my first day of employment.

**My signature below certifies that I have read and understand this complete page, I hereby grant permission to confirm the information supplied on this application by me and I agree to the terms and conditions outlined in this document.**

\_\_\_\_\_  
Applicant's Signature

\_\_\_\_\_  
Date

PLEASE SIGN AND PRINT YOUR NAME AND DATE IN THE SECTION BELOW TO ALLOW US TO OBTAIN INFORMATION FROM YOUR PREVIOUS EMPLOYERS. DO NOT FILL OUT ANYTHING ELSE ON THE PAGE. THANK YOU.

### CONFIDENTIAL REFERENCE REQUEST FORM

AUTHORIZATION IS HEREBY GRANTED TO ANY AND ALL PREVIOUS EMPLOYERS TO PROVIDE THE REQUESTED INFORMATION TO FAB MASTERS COMPANY INC.

SIGNATURE OF APPLICANT \_\_\_\_\_

PRINTED NAME \_\_\_\_\_ DATE \_\_\_\_\_  
.....

TO: \_\_\_\_\_ FAX: \_\_\_\_\_

### PREVIOUS EMPLOYER'S EVALUATION

Employee \_\_\_\_\_ SS# \_\_\_\_\_

Company Name \_\_\_\_\_

The above named applicant has indicated previous employment with your firm. Your evaluation of this person will be sincerely appreciated and will be held in complete confidence. Both the applicant and I will benefit from an early reply since their potential employment is pending. Please reply by fax to 616-646-2224.

Date of employment: \_\_\_\_\_ to \_\_\_\_\_ Position or Title: \_\_\_\_\_

Description of duties: \_\_\_\_\_

Reason for separation: \_\_\_\_\_

If employee resigned, did they give required notice?  Yes  No      Would you rehire?  Yes  No

Please circle appropriate description

Quality of Work:	Excellent	Good	Average	Poor	Unacceptable
Quantity of Work:	Excellent	Good	Average	Poor	Unacceptable
Attendance:	Excellent	Good	Average	Poor	Unacceptable
Cooperation:	Excellent	Good	Average	Poor	Unacceptable
Attitude:	Excellent	Good	Average	Poor	Unacceptable
Initiative:	Excellent	Good	Average	Poor	Unacceptable

Other comments: (Your remarks are the most important part of this questionnaire) \_\_\_\_\_

Form Completed by: \_\_\_\_\_ Title: \_\_\_\_\_

Thank You,  
Human Resources Manager

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# FAB MASTERS COMPANY INC.

## CONSENT TO DRUG/ALCOHOL TESTING

I understand it is the policy of the company to conduct drug and/or alcohol tests of job applicants for the purpose of detecting drug and/or alcohol abuse, and that one of the requirements for employment with the company is the satisfactory passing of the company's drug and/or alcohol test.

For the purpose of being further considered for employment, I hereby agree to submit to a drug and/or alcohol test.

I understand that favorable test results will not necessarily guarantee that I will be employed by the company.

If I am accepted for employment, I agree to take drug and/or alcohol tests whenever requested by the company, and I understand that the taking of such tests is a condition of my continued employment.

I also give consent to a testing agency to release to the company and other officially interested parties the results of my tests and other test-related information.

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Company Witness Signature

\_\_\_\_\_  
Date

## APPLICANT EEO/AFFIRMATIVE ACTION BACKGROUND FORM

It is the policy of Fab Masters Co. Inc. to provide equal employment opportunity to all qualified applicants for employment without regard to personal characteristics including race, color, religion, national origin, sex, sexual orientation, age, veteran status, or disability. Various agencies of the government require employers to invite applicants to identify themselves. That is the only goal of this form.

Completing this form is voluntary and in no way affects the decision regarding your application for employment. This form is confidential and we will maintain it separately from your application form.

**NAME Last:** \_\_\_\_\_ **First:** \_\_\_\_\_ **Middle:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Position applied for (list only one):** \_\_\_\_\_

**Referred by:** \_\_\_\_\_

**Zip Code:** \_\_\_\_\_

**Race/Ethnic Origin:**

**Sex:**

White

Male

Hispanic

Female

American Indian/Alaskan Native

Black/African American

Asian

Native Hawaiian/Pacific Islander

**Are you a Vietnam Era Veteran?**

You qualify if you are a person who served on active duty for a period of more than 180 days, any part of which occurred between 8/5/64 and 5/7/75, and were discharged or released from there with other than a dishonorable discharge or for a service connected disability.

Yes  No

**Are you a disabled veteran?**

You qualify if you are entitled to disability compensation under laws administered by the Department of Veteran Affairs for a disability rated at 30% or more, or are a person whose discharge or release from active duty was for a disability incurred or aggravated in the line of duty.

Yes  No

**Do you have a mental or physical disability?**

You qualify if you are a person who has a mental or physical impairment that substantially limits one or more major life activities, who has a record of such impairment or who is regarded as having such an impairment.

Yes  No

**FAB MASTERS CO. INC. IS AN EQUAL OPPORTUNITY EMPLOYER**