Versa Tech Metal -Fab

EMPLOYMENT APPLICATION

We consider applicants for all positions on the basis of qualifications and without regard to race, color, religion, sex, national origin, age, marital status, disability, sexual orientation, use of lawful products during non-work hours and any other legally protected status.

PLEASE PRINT

						A STATE OF THE REAL PROPERTY.	
POSITION(S) APPLIED FOR:DATE OF APPLICATION:							
LAST NAME:	FIRST NAME: MIDDLE:						
ADDRESS:					APT #:		
CITY:		STAT	E:z	IP			
HOME PHONE:	CF	ELL PHONE: _		A	LTERNATE PHO	NE:	
	HOV	V DID YOU HI	EAR ABOUT TH	E COMPAN	IY?		
ADVERTISMENT	WALK IN	FRIEND	RECRUITIN	G FIRM	EMPLOYEE	OTHE	R
ARE YOU AVAILA	ABLE TO WORK:	F	ULL TIME	PAF	RT TIME	TEMPO	ORARY
						YES	<u>NO</u>
IF YOU ARE UNDER 18 YOUR ELIGIBILITY TO		CAN YOU PRO	OVIDE REQUIRI	ED PROOF	OF		
HAVE YOU EVER SUBM	MITTED AN APPL	ICATION WIT	H THE COMPAN	NY BEFORI	37		
IF YES, PLEASE GIVE D	ATE:						
HAVE YOU EVER BEEN EMPLOYED WITH THE COMPANY?							
IF YES, PLEASE GIVE DATE:							
ARE YOU CURRENTLY EMPLOYED?							
MAY WE CONTACT YOUR CURRENT EMPLOYER?							
ARE YOU LEGALLY QUALIFIED TO WORK IN THE UNITED STATES? (Proof of citizenship or immigration status will be required upon employment.)							
WHAT DATE WOULD YOU BE AVAILABLE FOR WORK?							
CONFIRM IN WRITING YOUR SPECIALS SKILLS AND TRAINING:							
DESCRIBE HONORS RECEIVED:							

Versa Tech Metal -Fab

LIST PROFESSION, TRADE, BUSINESS, OR CIVIL ACTIVITIES AND OFFICES HELD. YOU MAY EXCLUDE MEMBERSHIPS WHICH MAY REVEAL SEX, RACE, RELIGION, NATIONAL ORIGIN, AGE, OR DISABILITY OR OTHER PROTECTED STATUS:

ATTENDED

TYPE OF

SCHOOL NAME AND

EDUCATION	LOCAT	ION FROM/TO DEGRE		MINITE FIELDS		HOURS/UNITS			
HIGH SCHOOL							GPA MAJOR	GPA OVERALL	
UNIVERSITIES									
COLLEGES								JTURE	
TECH. SCHOOLS							EDUCATI	ONAL GOALS	
CERTIFICATIONS									
ECT. MILITARY	DD ANGU OF CE	DATICE	VDC	T ANIGNA					
EXPERIENCE	BRANCH OF SEI	KVICE	YRS	LANGUA	JES	HOBBIES			
EMPLOYER	EMPLOYER		STARTING DATE			WORK PERFORMED			
		ENDING D	ATE						
ADDRESS	ADDRESS		TELEPHONE NUMBERS			STARTING SALARY EN		SALARY	
SUPERVISOR & TITLE		COMMISSION/BONUS			REASON FOR LEAVING				
EMPLOYER		STARTING DATE			WORK PERFORMED				
		ENDING DA	ATE						
ADDRESS		TELEPHONE NUMBERS			STARTING	GSALARY	ENDING	SALARY	
SUPERVISOR & TITLE		COMMISSION/BONUS			REASON FOR LEAVING				
EMPLOYER		STARTING I	DATE		WORK PI	ERFORMED			
		ENDING DA	TE						
ADDRESS		TELEPHONE	NUMBERS		STARTING	SALARY	ENDING	SALARY	
SUPERVISOR & TITLE		COMMISSION/BONUS			REASON FOR LEAVING				

MAJOR AND

MAJOR

Versa Tech Metal -Fab

	REFEI	RENCES					
NAME	ADDRESS	HOME #	ALTERNATE#				
1.)							
2.)							
3.)							
I certify that the answers given herein are true and complete to the best of my knowledge. I also authorize investigation of all statements contained in the application for employment as may be necessary in arriving at an employment decision. I hereby understand and acknowledge that, unless otherwise defined by applicable law, any employment relationship with this organization is of an "at will" nature, which means that the Employee may resign at any time and the Employer may discharge Employee at any time with or without cause. It is further understood that this "at will" nature, employment relationship may not be changed by a written documentation or by conduct unless such change is specifically acknowledged in writing by an authorized executive of this organization. I understand that if offered a position with Versa Tech Metal Fab, I may be required to submit to a pre-employment medical examination as a condition of employment. I understand that unsatisfactory results from, refusal to cooperate with, or attempt to affect the results of these pre-employment tests and checks will result in withdrawal of any employment offer or termination of employment if already employed. I herby authorize any and all schools, former employers, references, courts, and any others who have information about me to provide such information to Versa Tech Metal Fab and/or any of its representatives, agents or vendors and I release all parties involved from any and all liability for any and all damage that may result from providing such information. In the event of employment, I understand that false or misleading information given in my application or interview(s) may result in discharge. I understand, also, that I am required to abide by all rules and regulations of the Employer.							
Signature of Applicant							
Date							



Phone (503) 257-9484 FAX (503) 257-9082

DECIMAL			FRACTION
	The Committee of the Association (Association of the Committee of the Association (Association of the Committee of the Commit	THE CONTRACTION	1
.062			16
b			1
· · · · · · · · · · · · · · · · · · ·			
Parties - Construentian authors from			
Commence of the commence of th			
•			
	as evaluate		
•			
•		7	
•			
6			
•			/,
4		2.00	
•			
and the same	Mary specially	-	