

# FS GROUP, INC.

APPLICATION FOR EMPLOYMENT  
(VALID FOR ONLY 180 DAYS)  
PLEASE PRINT

Positions Applied For: \_\_\_\_\_

Date of Application: \_\_\_\_\_

Please answer all questions. Resumes are not accepted in lieu of completion of this application.

Note: This application was designed for use with several types of positions. Some questions may not be completely applicable to the position you are seeking; however, we ask that you answer all questions.

Last Name                      First Name                      Middle Initial                      Social Security No.                      Date of Birth

Street Address                      City/State                      Zip Code                      Telephone No.

Only U.S. Citizens or aliens who have a legal right to work in the U.S. are eligible for employment. Can you, upon employment, submit documentation verifying your identity and your legal right to work in the U.S.? Yes \_\_\_ No \_\_\_

Have you been convicted of any crime within the past five (5) years? Yes \_\_\_ No \_\_\_ If yes, please give dates and explain (Attach separate paper if necessary) \_\_\_\_\_

Note: A conviction will not necessarily disqualify you from employment.

Are you over 18 years of age? Yes \_\_\_ No \_\_\_

## EDUCATIONAL DATA

School	Print Name, Street Address, City/State And Zip Code of each school	No. Years Completed	Degree	Major Course of Study
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High School

College

Graduate School

Trade, Business, Night or Corres.

Other

## WELDING SKILLS

1. Do you have a welding certificate? If so, what type? (Pipe, structural, pressure vessel, etc.)

Yes \_\_\_ No \_\_\_ Type: \_\_\_\_\_

2. Date certificate was issued: \_\_\_\_\_ (Please provide copy of certificate)

3. What type of welding can you do? (Stick, mig or tig) \_\_\_\_\_

4. What types of materials do you have experience with? (Stainless steel, aluminum, carbon, copper, etc.)

\_\_\_\_\_

5. Do you have any other certifications or technical training? Please provide documentation.

\_\_\_\_\_

**OTHER SKILLS**

List any other job-related skills, qualifications or licenses that support your application:

\_\_\_\_\_

Honors received:

\_\_\_\_\_

In order to permit a check of your work and educational records, should we be made aware of any changes of name or assumed name that you previously used? Yes \_\_\_ No \_\_\_ If yes, please identify names and relevant dates

Membership in organizations or professional groups which, in your opinion, have a direct bearing on the position you are seeking:

Are you a veteran of the U.S. Military Service? Yes \_\_\_ No \_\_\_ If yes, which branch of service? \_\_\_\_\_

If yes, beginning date and ending date of active duty: From \_\_\_\_\_ To \_\_\_\_\_

Date of discharge from military service: \_\_\_\_\_ Type of discharge: \_\_\_\_\_

Have you ever been dismissed or forced to resign from any employment? Yes \_\_\_ No \_\_\_ If yes, please explain:

\_\_\_\_\_

Are you now employed? Yes \_\_\_ No \_\_\_ Are you on layoff and subject to recall? Yes \_\_\_ No \_\_\_

Can you travel if job requires it? Yes \_\_\_ No \_\_\_

Will you work overtime if asked? Yes \_\_\_ No \_\_\_

Are there any hours, shifts or days you will not work? Yes \_\_\_ No \_\_\_ If yes, please explain: \_\_\_\_\_

\_\_\_\_\_

What foreign languages do you speak, read or write? \_\_\_\_\_

How did you hear of FS Group, Inc.? \_\_\_\_\_

Have you submitted an application here before? Yes \_\_\_ No \_\_\_ If yes, give date: \_\_\_\_\_

Have you ever been employed here before? Yes \_\_\_ No \_\_\_ If yes, give date: \_\_\_\_\_

Do you have any friends or relatives who work here? Yes \_\_\_ No \_\_\_

Name \_\_\_\_\_ Relationship \_\_\_\_\_

Name \_\_\_\_\_ Relationship \_\_\_\_\_

**EMPLOYMENT EXPERIENCE**

List each job held starting with your present or last job. Include military experience. If known by any other name, please indicate.

Employer	Dates: From – To	Work Performed
Job Title	Salary: Start – Final	Supervisor
Reason for Leaving		May we make contact this employer?

Employer	Dates: From – To	Work Performed
Job Title	Salary: Start – Final	Supervisor
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Employer	Dates: From – To	Work Performed
Job Title	Salary: Start – Final	Supervisor
Reason for Leaving		May we make contact this employer?

Please identify any exceptions and reasons for not contacting prior employers: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**CHARACTER REFERENCES**

List three persons not related to you, whom you have known at least one year:

NAME	ADDRESS/TELEPHONE	OCCUPATION
1. _____	_____	_____
2. _____	_____	_____
3. _____	_____	_____

**OFFICE USE ONLY – Notes Regarding References**

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**NOTICE TO APPLICANTS**

FS Group, Inc. complies with the Americans with Disabilities Act of 1990 process. You may be asked questions concerning your ability to perform job related functions. If you are given a conditional offer of employment, you may be required to complete a post-job offer, medical history questionnaire and/or undergo a medical examination. If required, all entering employees in the same job category will be subject to the same medical questionnaire and/or examination and all information will be kept confidential and in separate files.

We are an equal employment opportunity employer. We adhere to a policy of making employment decisions without regard to race, color, sex, religion, national origin, handicap or marital status. We assure you that your opportunity for employment with FS Group, Inc. depends solely upon your qualifications.

Pre-employment drug screening IS a condition of employment with FS Group, Inc. and will be required for all positions following an offer of employment.

I certify that the facts contained in this application are true and complete to the best of my knowledge and I understand that, if employed, falsified statements on this application will be grounds for dismissal.

I authorize investigation of all statements contained herein and the references listed above to give you any and all information concerning my previous employment and any pertinent information they may have personal or otherwise, and release all parties from all liability for any damage that may result from furnishing same to you.

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, be terminated at any time without any prior notice.

Are you currently under or subject to a non-compete or confidentiality agreement?     No     Yes (Attach Copy)

Date: \_\_\_\_\_                      Signature: \_\_\_\_\_

**OFFICE USE ONLY**

INTERVIEWED BY: \_\_\_\_\_

STARTING RATE OF PAY: \_\_\_\_\_

HIRE DATE: \_\_\_\_\_

APPROVED BY: \_\_\_\_\_