



APPLICATION FOR EMPLOYMENT
(VVALID 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.

Form with fields: 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

Table with columns: School, Print Name, Street Address, City/State And Zip Code of each school, No. Years Completed, Degree, Major Course of Study. Rows include High School, College, Graduate School, Trade, Business, Courses, 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 applied here (FSG or FABCO) 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?	

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Job Title	Salary: Start – Final	Supervisor
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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

NOTICE TO APPLICANTS

FSGroup, 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 FSGroup, Inc. depends solely upon your qualifications.

Pre-employment drug screening IS a condition of employment with FSGroup, Inc.

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. I the applicant 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.

Date: _____ Signature: _____



OFFICE USE ONLY

INTERVIEWED BY: _____

STARTING RATE OF PAY: _____

HIRE DATE: _____

APPROVED BY: _____