

# APPLICATION FOR EMPLOYMENT



Complete all parts of the application. Applications not properly completed may not be considered.  
**A separate application is required for each position.**

**POSITION FOR WHICH YOU ARE APPLYING:**

**Date:**

## PERSONAL INFORMATION

Last Name	First Name	Middle Initial	
Mailing Address	City	State	Zip
Cell Phone:	Home Phone:	Email:	
Wage or Salary Desired:      /Hour      /Year		Date Available for Employment:	

How did you hear about this position?

Are You Age 18 or Older?

☐ Yes ☐ No

Have you ever been discharged or forced to resign from any position? ☐ Yes ☐ No

If yes, please give employer, date and reason. *Employer*

*Date and Reason*

Are you able to perform the essential functions of the position for which you are applying with or without accommodation?

☐ Yes ☐ No

Can you provide documentation verifying you are legally eligible for employment in the U.S.?

☐ Yes ☐ No

Have you ever served in the Military?

Branch of Service

Date Entered

Date Discharged

☐ Yes ☐ No

## EDUCATION AND TRAINING

Did you graduate from High School or obtain a GED?

Name and Location of Last High School Attended

☐ YES ☐ NO

Name: \_\_\_\_\_ Location: \_\_\_\_\_

## RELATED SPECIAL TRAINING (Business, Trades, Vocational, Armed Forces Schools, etc.)

Names and Locations of School(s)	Courses/Subjects Completed	Diplomas/Certificates Received

## COLLEGES AND UNIVERSITIES ATTENDED

Names and Locations of School(s)	Did you graduate?	Degree Earned	Major/Field(s) of Study	
	Yes	No	e.g. BA, MS	

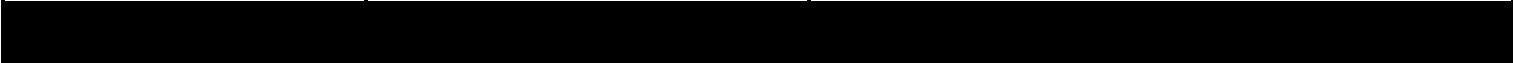
RELATED LICENSES				
Professional License Issued By	Field/Trade Specialization	License Number	Issue Date	Expiration Date
WELDING SKILLS				
Do you have a welding certificate? <input type="checkbox"/> Yes (Provide copy) <input type="checkbox"/> No				
If "yes", What type? <input type="checkbox"/> Pipe <input type="checkbox"/> Structural <input type="checkbox"/> Pressure Vessel <input type="checkbox"/> Other _____				
OTHER SKILLS				
Languages (other than English) spoken and written FLUENTLY				
List any other job-related skills, qualifications or licenses that support your application:				
Honors received:				
EMPLOYMENT HISTORY (must be completed even if attaching a résumé)				
Begin with your <b>PRESENT</b> or most recent employment. List in REVERSE ORDER. <b><u>Each time you changed jobs or your title changed should be listed as a separate period.</u></b> Describe in detail your duties. Cover at least the last 10 years. If there are gaps in employment, please describe in the section below employment history. Please attach an additional sheet(s), if necessary.				
May we contact your present employer? YES <input type="checkbox"/> NO <input type="checkbox"/> Comment:				
1	Employer/Company Name: Street address: City: State: Zip:			
Title of Position Held:			Number of Employees you Supervised:	
Name & Title of Immediate Supervisor:			Telephone Number	
Hours per Week		Starting Date (mm/dd/yy)		Ending Date (mm/dd/yy):
Reason for Leaving:				
Describe job responsibilities in order of importance:				

2	<b>Employer/Company Name:</b>		
	Street address:		
	City:	State:	Zip:
	Title of Position Held:		Number of Employees you Supervised:
	Name & Title of Immediate Supervisor:		Telephone Number
	Hours per Week	Starting Date (mm/dd/yy)	Ending Date (mm/dd/yy):
	Reason for Leaving:		
Describe job responsibilities in order of importance:			
3	<b>Employer/Company Name:</b>		
	Street address:		
	City:	State:	Zip:
	Title of Position Held:		Number of Employees you Supervised:
	Name & Title of Immediate Supervisor:		Telephone Number
	Hours per Week	Starting Date (mm/dd/yy)	Ending Date (mm/dd/yy):
	Reason for Leaving:		
Describe job responsibilities in order of importance:			
4	<b>Employer/Company Name:</b>		
	Street address:		
	City:	State:	Zip:
	Title of Position Held:		Number of Employees you Supervised:
	Name & Title of Immediate Supervisor:		Telephone Number
	Hours per Week	Starting Date (mm/dd/yy)	Ending Date (mm/dd/yy):
	Reason for Leaving:		
Describe job responsibilities in order of importance:			


EXPLAIN ANY GAPS IN EMPLOYMENT		
Starting Date (mm/dd/yy)	Ending Date (mm/dd/yy)	Reason:
Starting Date (mm/dd/yy)	Ending Date (mm/dd/yy)	Reason:
Starting Date (mm/dd/yy)	Ending Date (mm/dd/yy)	Reason:

PLEASE CONTINUE EMPLOYMENT AND GAPS IN EMPLOYMENT ON SEPARATE PAGE(S) AND ATTACH TO THE APPLICATION.

REFERENCES		
Name/Title/Company	Relationship (e.g. Supervisor, Co-	Telephone Numbers/E-Mail Address



EMPLOYER NOTICES
<p><b>NON-DISCRIMINATION POLICY</b> We are an Equal Opportunity Employer. All qualified applicants will receive consideration for employment without regard to race, color, religion, sex (including pregnancy, sexual orientation, or gender identity), national origin, age, disability, protected veteran status, or any other protected characteristic under applicable law.</p> <p><b>E-VERIFY COMPLIANCE</b> FSGroup, Inc. participates in the E-Verify program, as required by Alabama law.</p> <p><b>BACKGROUND INVESTIGATIONS</b> Criminal background checks are conducted on applicants.</p> <p><b>DRUG FREE WORKPLACE</b> FSGroup, Inc. is a Drug Free Workplace.</p> <p><b>AMERICANS WITH DISABILITIES ACT (ADA)</b> We will provide reasonable accommodations to qualified individuals with disabilities during the application and hiring process. If you require assistance in completing this application or participating in the selection process, please notify Human Resources.</p>

## CONDITIONS OF EMPLOYMENT STATEMENT

Under penalties of perjury, I declare that my answers to the questions on this application and any necessary supplements are true. I give the employer the right to investigate all information given and to secure additional appropriate information, if necessary.

I understand that an investigative report may be made from information obtained through personal interviews with others. I understand that this inquiry may include information as to my personal characteristics, employment verification, credential verification, personal identity verifications, reference checks, criminal records, and appropriateness for employment. In accordance with the law and my understanding of this statement, I authorize my current and former employers to give any information regarding my employment, together with all information regarding me, and hereby release from all liability or responsibility all persons, companies, or corporations furnishing such information in good faith. I also authorize the release of my scholastic ratings to the employer by schools and other education institutions that I have attended.

I understand that the completion of this application does not assure me of a position with the employer and does not obligate the employer to me in any way. I understand and agree that, if hired, my employment will be at-will in nature and may be terminated, with or without cause, at any time, by either myself or my employer. I also understand that this written statement supersedes any and all oral representations made by agents or representatives of this organization.

I further understand that any misrepresentation herein WILL cause my application to be rejected, my name to be removed from consideration for the position for which I am applying, and/or subject me to dismissal.

By my signature, I certify, authorize and acknowledge the above statements.

Signature:

Date:

Submit applications to:

**F S Group, Inc.**

**20 WALL STREET, ALBERTVILLE, AL 35950**

**OR**

**Email: [jobs@fsginc.net](mailto:jobs@fsginc.net)**