



Application For Employment

Pre-Employment Questionnaire Equal Opportunity Employer

What company are you applying for?

Accurate Manufacturing Inc.
(Structure Shop)

Professional Fabricators Inc.
(Vessel Shop)

Personal Information:

Date: _____

Name: (Last Name First)

Social Security No.

Present Address:

City:

State:

Zip Code:

Phone No.

Referred By:

Employment Desired:

Position:

Date You Can Start:

Salary Desired:

Are You Employed?

Yes No

If so, may we inquire your
present employer?

Yes

No

Ever applied to this Yes No
Company before?

Where?

When?

Education History

| Name & Location of School | Years Attended | Did You Graduate? | Subjects Studied |
|--|----------------|-------------------|------------------|
| Grammar School | | | |
| High School | | | |
| College | | | |
| Trade, Business or Correspondence School | | | |

General Information:

| | |
|---|-------|
| Subjects of special study/research work or special training/skills: | |
| | |
| | |
| U.S. Military or Naval Service: | Rank: |

Former Employers (List Below Last Four Employers, Starting With Last One First)

| Date Month and Year | Name & Phone Number of Employer | Salary | Position | Reason For Leaving |
|---------------------|---------------------------------|--------|----------|--------------------|
| From | | | | |
| To | | | | |
| From | | | | |
| To | | | | |
| From | | | | |
| To | | | | |
| From | | | | |
| To | | | | |

References Give below the names of three persons not related to you, whom you have known at least one year

| Name | Phone Number | Business | Years Known |
|------|--------------|----------|-------------|
| | | | |
| | | | |
| | | | |

Authorization:

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

I authorize investigation of all statements contained herein and the references and employers 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 the company from all liability for any damage that may result from utilization of such information.

I also understand and agree that no representative of the company has any authority to enter into any agreement for employment for any specified period of time, or to make any agreement contrary to the foregoing unless it is in writing and signed by an authorized company representative.

This waiver does not permit the release or use of disability-related or medical information in a manner prohibited by the Americans with Disabilities Act (ADA) and other relevant federal and state laws.”

Date: _____

Signature: _____