

Personal Information

Date of Application: _____

Name (Print):

_____ Last First Middle

Address:

_____ Street Apt City/State Zip

Alternate Address:

_____ Street Apt City/State Zip

Contact Information:

_____ Home / Mobile Telephone _____ Email

Employment Desired

Position Type: _____ Date you can start: _____ Wage Desired: _____

Are You employed now? _____ If so, may we inquire of your present employer? _____ Are you legally authorized to work in USA? _____

Ever applied here before? _____ When: _____ Ever worked here before? _____ When: _____

Are you over age 18? _____ Can you work days? _____ Afternoon? _____ Evenings? _____ Weekends? _____

Education History

High School:

_____ Name & Location # Yrs Attended Did You Graduate? Subject / Degree

College / University:

_____ Name & Location # Yrs Attended Did You Graduate? Subject / Degree

Special Training or Trade School:

_____ Name & Location # Yrs Attended Did You Graduate? Subject / Degree

Other Education:

_____ Name & Location # Yrs Attended Did You Graduate? Subject / Degree

General information

Please list special skills, certifications or other items that may contribute to your abilities in performing in your position of interest. Include military service.

Have you ever been convicted of a crime?

If yes, explain number of conviction(s), nature of offense(s)

leading to conviction(s), how recently such offense(s) was/were committed, sentence(s) imposed, and type(s) of rehabilitation.

**CADILLAC FABRICATION INC.
APPLICATION FOR EMPLOYMENT**

Previous Experience

Please list beginning from most recent. Include contact information. Share job responsibilities, tasks performed, and reason for leaving.

Dates Employed	Company Name	Location	Role/Title

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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 agreements 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/ADAAA) and other relevant federal and state laws."

You agree that, to the maximum extent allowed by law, any action or suit against Employer arising out of any employment or termination of employment, including but not limited to claims arising under the State or Federal civil rights statutes, must be brought within six (6) months of the event giving rise to the claim or be forever barred. You waive any statute of limitations to the contrary.

Date

Signature

Revision Date 5/31/2013