



EASTERN OKLAHOMA FABRICATION

APPLICATION FOR EMPLOYMENT

Name _____ Social Security Number _____

Primary phone number _____ Secondary phone number (for messages) _____

Present address _____ How long have you lived there? _____

City _____ State _____ Zip code _____

Previous address _____ How long did you live there? _____

City _____ State _____ Zip code _____

Position desired _____ Salary desired \$ _____

List any special skills you feel qualify you for the position for which you are applying. _____

Status desired Full-time Part-time Hours available _____ Date you can start _____

Do you have a valid driver's license? Yes No Type of license _____

Driver's license number _____ State _____ Expiration date _____

Have you ever been *employed* by this company? Yes No If yes, what company and/or department, and what years? _____

Do you have relatives working for this company? Yes No If yes, who and where? _____

Whom should we notify in case of emergency? Name _____ Phone number _____

Address _____ City _____ State _____ Zip _____

Have you ever been convicted of or pleaded guilty to a felony? Yes No If yes, identify the offense, date, and court. _____

What are your hobbies or special interests? _____

EDUCATION					
SCHOOL	NAME AND LOCATION	COURSE OF STUDY	YEARS COMPLETED	DID YOU GRADUATE?	DEGREE OR DIPLOMA
High School	_____	_____	_____	_____	_____
	_____	_____	_____	_____	_____
College	_____	_____	_____	_____	_____
	_____	_____	_____	_____	_____
Other (Please specify)	_____	_____	_____	_____	_____
	_____	_____	_____	_____	_____

MILITARY EXPERIENCE

Branch of service _____ Date of discharge _____

Period of active duty (month and year) from _____ to _____

Service duties _____

EMPLOYMENT HISTORY

Begin with present or most recent employer.

Company name _____ Employed (month and year) from _____ to _____
Address _____ City _____ State _____ Phone number _____
Name of supervisor _____ Pay rate \$ _____ Hour Week Month
State job title and describe duties. _____
Reason for leaving _____

Company name _____ Employed (month and year) from _____ to _____
Address _____ City _____ State _____ Phone number _____
Name of supervisor _____ Pay rate \$ _____ Hour Week Month
State job title and describe duties. _____
Reason for leaving _____

Company name _____ Employed (month and year) from _____ to _____
Address _____ City _____ State _____ Phone number _____
Name of supervisor _____ Pay rate \$ _____ Hour Week Month
State job title and describe duties. _____
Reason for leaving _____

Company name _____ Employed (month and year) from _____ to _____
Address _____ City _____ State _____ Phone number _____
Name of supervisor _____ Pay rate \$ _____ Hour Week Month
State job title and describe duties. _____
Reason for leaving _____

PLEASE READ CAREFULLY BEFORE SIGNING

Eastern Oklahoma Fabrication is an equal opportunity employer and does not discriminate against any applicant or employee because of race, color, religion, national origin, sex, sexual orientation, age, or disability.

I understand that passing a pre-employment drug test is a requirement for working at this company.

I authorize the company to conduct any necessary and reasonable investigation in connection with my application for employment, including an investigative consumer report, concerning my character, general reputation, personal characteristics, and mode of living, and I release this company, my former employers, and personal references from any liability or damage caused by giving and receiving information or opinions as to my employment or character.

I understand that if my employment requires driving a vehicle, my driving record may be checked, and if it is unacceptable to the company I will not be eligible for employment; and, if employed, my failure to maintain an acceptable driving record may result in termination of my employment.

I understand that my employment may be terminated with or without cause and with or without notice at any time, and the at-will nature of my employment may not be changed or altered except by a written agreement signed by me and by the president or executive vice president of the company.

I certify that the statements on this application are true. I understand that, if employed, any false statements or answers given or any failure to completely and fully answer any questions will be grounds for dismissal from employment.

Signature of applicant _____ Date _____

NOTE: You must sign and date this Application for Employment to be considered for a job with this company. Applications are retained in active status for 30 days from the date submitted. After this period, you must submit another application in order to be considered for available positions.