

Application for Employment



Metal-Fab, Inc.
 3025 May Ave.
 PO Box 1138
 Wichita, KS 67201-1138
 P. 316.943.2351
 F. 316.943.2717
 jobs@mtlfab.com

**An Equal Opportunity Employer
 An "At Will" Employer**

Conditions of employment are stated at the end of this form. Please read carefully before you sign this application.
 (Application must be completed in full even if attaching a resume.)

POSITION APPLIED FOR _____ DATE OF APPLICATION _____

REFERRED BY METAL-FAB EMPLOYEE: _____

| PLEASE PRINT USING BALLPOINT PEN | | | |
|---|--------|---------------------|--------------------------------|
| FULL NAME | FIRST | MIDDLE | LAST (AS IT READS ON SSA CARD) |
| PRESENT ADDRESS | STREET | CITY | STATE ZIP |
| HOME # | | CELL PHONE # | |
| WORK # | | PAGER/OTHER PHONE # | |
| IF NO PHONE, HOW MAY WE CONTACT YOU? | | | |
| HAVE YOU EVER WORKED FOR METAL-FAB BEFORE? YES <input type="checkbox"/> NO <input type="checkbox"/> | | | |
| IF YES, APPROXIMATE DATE: MONTH/YEAR | | | |

| GENERAL INFORMATION | | |
|--|------------|--------------------------|
| ARE YOU AT LEAST 18 YEARS OF AGE? YES <input type="checkbox"/> NO <input type="checkbox"/> | | |
| ARE YOU LEGALLY ELIGIBLE FOR EMPLOYMENT IN THE UNITED STATES? YES <input type="checkbox"/> NO <input type="checkbox"/> (If offered employment, you will be required to provide documentation to verify eligibility.) | | |
| DO YOU HAVE A CRIMINAL CONVICTION OR JUVENILE ADJUDICATION FOR A FELONY OR MISDEMEANOR IN THE PAST SEVEN YEARS? YES <input type="checkbox"/> NO <input type="checkbox"/> | | |
| IF SO, PLEASE DESCRIBE IN THE BOXES BELOW. Applicant is not obligated to disclose any reference to a pre or post trial diversion program, any conviction or adjudication which has been sealed, expunged or erased by the court. Conviction or adjudication will not necessarily be a bar to employment. In accordance with company policy and applicable state and federal laws, factors such as age at the time of the offense, remoteness of the offense, time since last conviction or adjudication, nature of the job sought and rehabilitation effort will be reviewed. | | |
| INCIDENT | CITY/STATE | CHARGE |
| 1. | | |
| 2. | | |
| HAVE YOU EVER BEEN DISCHARGED FROM ANY EMPLOYMENT OR ASKED TO RESIGN? YES <input type="checkbox"/> NO <input type="checkbox"/> IF YES, PLEASE EXPLAIN. | | |
| PLEASE CHECK SCHEDULE AVAILABILITY: FIRST SHIFT <input type="checkbox"/> SECOND SHIFT <input type="checkbox"/> THIRD SHIFT <input type="checkbox"/> | | |
| NOTE: WORK SCHEDULES ARE BASED UPON THE NEEDS OF THE BUSINESS AND MAY BE SUBJECT TO CHANGE. | | |
| WAGE EXPECTED | | DATE AVAILABLE FOR WORK? |

EDUCATION

| EDUCATION TYPE OF SCHOOL | NAME OF SCHOOL CITY AND STATE | MAJOR SUBJECT | GRADUATED MONTH AND YEAR | DEGREE/DIPLOMA EARNED |
|--------------------------|-------------------------------|---------------|--------------------------|-----------------------|
| HIGH SCHOOL | | | | |
| | | | | |
| COLLEGE | | | | |
| | | | | |
| VOCATIONAL SCHOOL | | | | |
| OTHER TRAINING | | | | |

ADDITIONAL EXPERIENCE OR QUALIFICATIONS

List any other experience, skills or other qualifications including hobbies, which you believe should be considered in evaluating your qualifications for employment. Please indicate any prior military service, which you would like to have considered in your application for employment.

| |
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ESSENTIAL JOB FUNCTIONS

DO NOT ANSWER THE QUESTION UNLESS YOU HAVE REVIEWED THE JOB DESCRIPTION OF THE POSITION FOR WHICH YOU ARE APPLYING. After reviewing the job description for the position for which you are applying are you capable of performing the essential functions of the position, with or without reasonable accommodation.

YES NO

SKILLS

Check the skills or abilities you have which may be applicable to the position you are seeking.

| | | | | |
|--|------------------------------------|--|---|--|
| CNC MACHINE <input type="checkbox"/> | NAIL GUN <input type="checkbox"/> | PALLET JACK <input type="checkbox"/> | FILING <input type="checkbox"/> | SUPERVISOR SKILLS <input type="checkbox"/> |
| MIG/TIC WELDING <input type="checkbox"/> | GRINDER <input type="checkbox"/> | HOUSEKEEPING <input type="checkbox"/> | COUNTING <input type="checkbox"/> | BASIC COMPUTER <input type="checkbox"/> |
| DECOILER <input type="checkbox"/> | BENDER <input type="checkbox"/> | CONVEYOR <input type="checkbox"/> | FAX/COPY/SHRED <input type="checkbox"/> | MS WORD <input type="checkbox"/> |
| SPOT WELDING <input type="checkbox"/> | BANDER <input type="checkbox"/> | ELECTRICAL <input type="checkbox"/> | FACILITY MAINT. <input type="checkbox"/> | EXCEL <input type="checkbox"/> |
| FORKLIFT <input type="checkbox"/> | SHEAR <input type="checkbox"/> | MEASURING TLS <input type="checkbox"/> | BILINGUAL COMM. <input type="checkbox"/> | |
| PRESS MACHINE <input type="checkbox"/> | ASSEMBLY <input type="checkbox"/> | SCANNER <input type="checkbox"/> | POWERPOINT <input type="checkbox"/> | |
| LASER <input type="checkbox"/> | SKILL SAW <input type="checkbox"/> | DATA ENTRY <input type="checkbox"/> | MULTI-LINE PHONE <input type="checkbox"/> | |
| SANDER <input type="checkbox"/> | OTHER SAW <input type="checkbox"/> | TYPING <input type="checkbox"/> | MATH SKILLS <input type="checkbox"/> | |

ATTENDANCE AND PUNCTUALITY INFORMATION

Metal-Fab expects employees to be reliable and to be punctual in reporting for scheduled work each and every day or shift and complete all scheduled hours.

Can you meet the above attendance and punctuality requirements?

YES NO

If No, please explain.

EMPLOYMENT HISTORY

List all jobs including military service, school, part time employment while in school, self-employment and periods of unemployment over the last ten years beginning with the most recent. Additional pages are available at the front desk for employment history.

| | | | | | |
|-------------------------------------|------------------|--|--------------------------------------|---------------------|---|
| 1 | NAME OF COMPANY | | FROM MO/YR | TO MO/YR | REASON FOR LEAVING (PLEASE EXPLAIN) QUIT____ DISCHARGED____ LAYOFF____ |
| | ADDRESS | | POSITION/TITLE | ENDING SALARY \$ | |
| | CITY, STATE, ZIP | | NAME & TITLE OF IMMEDIATE SUPERVISOR | | |
| | PHONE NUMBER | | FAX NUMBER | | |
| JOB TITLE AND DESCRIPTION OF DUTIES | | | | | |
| 2 | NAME OF COMPANY | | FROM MO/YR | TO MO/YR | REASON FOR LEAVING (PLEASE EXPLAIN) QUIT____ DISCHARGED____ LAYOFF____ |
| | ADDRESS | | POSITION/TITLE | ENDING SALARY \$ | |
| | CITY, STATE, ZIP | | NAME & TITLE OF IMMEDIATE SUPERVISOR | | |
| | PHONE NUMBER | | FAX NUMBER | | |
| JOB TITLE AND DESCRIPTION OF DUTIES | | | | | |
| 3 | NAME OF COMPANY | | FROM MO/YR | TO MO/YR | REASON FOR LEAVING (PLEASE EXPLAIN) QUIT____ DISCHARGED____ LAYOFF____ |
| | ADDRESS | | POSITION/TITLE | ENDING SALARY \$ | |
| | CITY, STATE, ZIP | | NAME & TITLE OF IMMEDIATE SUPERVISOR | | |
| | PHONE NUMBER | | FAX NUMBER | | |
| JOB TITLE AND DESCRIPTION OF DUTIES | | | | | |

| BUSINESS REFERENCES | | | |
|----------------------|-------------------|----------------|-----------------------|
| NAME | | OCCUPATION | BUSINESS PHONE () |
| HOME ADDRESS | HOME PHONE () | TITLE | RELATIONSHIP |
| CITY AND STATE (ZIP) | | HOW LONG KNOWN | |
| NAME | | OCCUPATION | BUSINESS PHONE () |
| HOME ADDRESS | HOME PHONE () | TITLE | RELATIONSHIP |
| CITY AND STATE (ZIP) | | HOW LONG KNOWN | |

CERTIFICATION AND RELEASE

PLEASE READ BEFORE SIGNING

I CERTIFY THAT ALL ANSWERS BY ME ARE TRUE, ACCURATE AND COMPLETE, AND I UNDERSTAND THAT FALSIFICATION, OMISSIONS, OR MISREPRESENTATIONS OF FACTS CALLED FOR IN THIS APPLICATION OR ANY OTHER ACCOMPANYING OR REQUIRED DOCUMENTS WILL BE CAUSE FOR DENIAL OF EMPLOYMENT OR IMMEDIATE TERMINATION OF EMPLOYMENT, REGARDLESS OF WHEN OR HOW DISCOVERED.

Questions regarding this statement should be directed to any employment interviewer before signing. The application will be given every consideration, but its receipt does not imply that the applicant will be employed.

As an equal opportunity employer, Metal-Fab, Inc. abides by applicable non-discrimination laws and will not unlawfully discriminate against any employee or applicant for employment on the basis of race, religion, color, sex, disability, national origin, ancestry, pregnancy, age, veteran status, genetic information, or any other consideration made unlawful by federal, state, or local laws.

I authorize Metal-Fab, Inc., its employees and agents to verify any information contained in this application or any other accompanying and or required documents. I release Metal-Fab, Inc., its employees and or agents and anyone from all liability for supplying such information for any damage or claim that may result from furnishing the information to Metal-Fab, Inc.

Metal-Fab, Inc. is a Drug Free Workplace and has zero tolerance for illicit drugs or alcohol.

If I am employed by Metal-Fab, Inc., I hereby acknowledge that Metal-Fab, Inc. may request a test for the detection of illicit drugs or for alcohol. I hereby consent to such a test, and authorize the laboratory that performed such sample and testing to inform Metal-Fab, Inc. of the results of the test. I consent to a Physical Capacity Test and authorize the Clinic that performed the testing to inform Metal-Fab, Inc. of the results of the test.

Employment at Metal-Fab, Inc. is also contingent on my providing sufficient documentation necessary to establish my identity and eligibility to work in the United States.

If hired, I agree to abide by the rules, regulations and policies of Metal-Fab, Inc. now in force or that may be established in the future, and I agree to conduct myself in accordance with them, with full knowledge that violation may mean discipline, including discharge. I understand that employment with Metal-Fab, Inc. is on an "at-will" basis, which means that my employment with Metal-Fab, Inc. may be terminated by me or the company at any time, with or without notice, and for any reason not prohibited by law. I further understand that no representation, whether oral or written by any representative or agent of the Company, at any time, can constitute a contract of employment. No representative or agent of the Company, has the authority to enter into any agreement for employment for any specified period of time or to make any change in any policy, procedure, benefit or other term or condition of employment other than in a document signed by the President, or to make any agreement contrary to the foregoing.

I acknowledge that a telephonic facsimile (FAX) or photographic copy shall be as valid as the original.

I acknowledge that I have read and understand the above statements and hereby grant permission to confirm the information supplied on this application by me. If I am submitting the Application for Employment online, I agree to the terms of the Certification and Release and agree to sign the Certification and Release at the initial interview if I am selected for an interview.

I understand that this application for employment shall be considered active for a period of time not to exceed 120 days and that if I wish to be considered for employment beyond this time period, I should inquire as to whether or not applications are being accepted at that time.

APPLICANT SIGNATURE _____ DATE _____