



Olson Fabrication, Inc.

1101 Perry Street
PO Box 121
Algoma, WI 54201
TEL: 920.487.7250
FAX: 920.487.7251

EMPLOYMENT APPLICATION

Date: \_\_\_\_\_

A clear understanding of your interests, training, experience and other pertinent information will be mutually beneficial. To be assured of full consideration for positions that would meet your qualifications, please answer all questions completely. We will consider your application without regard to race, color, religion, creed, gender, national origin, age, disability, marital status, or any other legally protected status under applicable local, state, or federal law. To the extent this application requests information that does not comply with applicable local or state requirements, such information will not be used in making a hiring decision. Applicants will be required to take a pre-employment drug test. Please print clearly.

PERSONAL HISTORY

Name: \_\_\_\_\_ Social Security # \_\_\_\_\_
(First) (M.I.) (Last)

Home Ph: (\_\_\_\_) \_\_\_\_\_ Cell Ph: (\_\_\_\_) \_\_\_\_\_ Email: \_\_\_\_\_

Home Address: \_\_\_\_\_
(Street) (City) (State) (Zip)

Have you ever worked for Olson Fabrication before? [ ] Yes [ ] No why did you leave? \_\_\_\_\_
If yes, under what name, if different: \_\_\_\_\_ Approx Dates: \_\_\_\_\_
Location: \_\_\_\_\_ Position: \_\_\_\_\_ Supervisor: \_\_\_\_\_

Applying for? [ ] Part Time [ ] Full Time Wage Expected: \$\_\_\_\_\_ per hour

Job(s) applying for: \_\_\_\_\_

Are you on a lay-off and subject to recall? [ ] Yes [ ] No

When would you be available to begin work? \_\_\_\_\_

What shifts are you able to work? [ ] 1st [ ] 2nd [ ] 3rd

Are you available for overtime? [ ] Yes [ ] No Weekend Work? [ ] Yes [ ] No

(The Company will attempt to reasonably accommodate an applicant's religious needs, as required by law.)

Do you have reliable transportation? [ ] Yes [ ] No

If you are under age 18, please provide date of birth: \_\_\_\_\_ Can you provide work permit [ ] Yes [ ] No

In case of emergency, notify: \_\_\_\_\_

(Name) (Relationship) (Address) (Phone)

Have you ever been charged with, plead (no contest), been convicted of, or been fined in connection with any felony, misdemeanor, municipal ordinance violation, or any other type of offense (other than a parking ticket), regardless of the nature of the penalty or the fine for that offense? [ ] Yes [ ] No

If yes, provide details: \_\_\_\_\_

(If you are in doubt about the nature of any offense, please list) However, no applicant will be denied consideration because of a pending charge, past conviction, offense, violation or fine, which is not substantially related to the circumstance of the job sought. Failure to disclose information requested above will be considered falsification and grounds for refusal to hire or termination of employment.

## EDUCATION

Highest grade completed (1-12): \_\_\_\_\_ Technical School/College (years attended): \_\_\_\_\_

High school Diploma:  Yes  No

Major/Course of Study: \_\_\_\_\_

GED/HSED:  Yes  No

Degree Received:  Yes  No

Last School attended: \_\_\_\_\_

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

Date: \_\_\_\_\_

Additional education and/or vocational or technical training information: \_\_\_\_\_

Describe your computer skills and abilities: \_\_\_\_\_

## EMPLOYMENT HISTORY

Please provide full and accurate details regarding all full-time and part-time employment. Do not omit any employer. Attach additional pages if necessary. You must complete this section even if you provide a resume.

<b>1. Company Name:</b> _____	<b>Telephone:</b> _____
<b>Address:</b> _____	<b>Employed (Month &amp; Year)</b> From: _____ To: _____
<b>Name of Supervisor:</b> _____	<b>Weekly Pay:</b> Start: _____ Last: _____
<b>Job title and type of work:</b> _____ _____	<b>Reason for Leaving:</b> <b>Eligible for re hire:</b>

<b>2. Company Name:</b> _____	<b>Telephone:</b> _____
<b>Address:</b> _____	<b>Employed (Month &amp; Year)</b> From: _____ To: _____
<b>Name of Supervisor:</b> _____	<b>Weekly Pay:</b> Start: _____ Last: _____
<b>Job title and type of work:</b> _____ _____	<b>Reason for Leaving:</b> <b>Eligible for re hire:</b>

<b>3. Company Name:</b> _____	<b>Telephone:</b> _____
<b>Address:</b> _____	<b>Employed (Month &amp; Year)</b> From: _____ To: _____
<b>Name of Supervisor:</b> _____	<b>Weekly Pay:</b> Start: _____ Last: _____
<b>Job title and type of work:</b> _____ _____	<b>Reason for Leaving:</b> <b>Eligible for re hire:</b>

We will contact the employers listed for a referral unless you indicate those you specifically do not want us to contact.

Do not contact: \_\_\_\_\_

Reason: \_\_\_\_\_

Do not contact: \_\_\_\_\_

Reason: \_\_\_\_\_



## CERTIFICATION

I certify that the information that I have provided to the Company, Olson Fabrication, Inc. as part of this application along with any resume or other material submitted by me for employment consideration is true, complete, and without omissions or misleading statements. I understand that my employment may be terminated because of false, misleading, or omitted information, regardless of the time that may have elapsed between furnishing the information and the discovery by the Company.

I authorize Olson Fabrication, Inc. to inquire into my education, professional and past employment history with references as needed to determine my qualifications and suitability for employment. I hereby give my consent to any former employer or educational institution to provide academic or employment related information about me to the Company. This includes any pertinent information they may have, personal or otherwise, and I release all parties from all liability for any damage that may result from furnishing this information.

I understand that I may be required to pass a pre-employment drug test and that my Social Security number must be validated. I further acknowledge that certain positions with Olson Fabrication, Inc. may also require a confirmation that I am licensed to drive a motor vehicle, and that my credit, civil and criminal records may be checked including a verification of my address. I consent freely and voluntarily to participate in the required drug test and background checks, and consent to the release of the results to the Company. I hereby release and hold harmless Olson Fabrication, Inc. from any liability whatsoever arising from the drug test and/or background checks and decisions concerning employment based upon the results of these tests and checks.

I understand that nothing in this employment application, the granting of an interview, or possible subsequent employment offer is intended to create an employment contract between myself and Olson Fabrication, Inc. If hired, I will be an "Employee at Will" which means Olson Fabrication, Inc. may release me at any time for any reason with or without cause, and I am likewise free to leave at any time for any reason. I understand that no representative of Olson Fabrication, Inc. other than the President or Chief Executive Officer has any authority to enter into any agreement for employment that contradicts or modifies the foregoing in any manner, and any such agreement must be in writing and signed by the President or Chief Executive Officer.

If hired, I agree to conform to rules, regulations, and policies which the Company may periodically issue, withdraw, or modify. If hired, I understand that I will be required to keep my hair color within the range of "natural" colors (no blue, green, or other non-natural hair colors are allowed) and that facial piercings are typically not appropriate for those employees with customer contact. I also understand that in order to comply with Olson Fabrication, Inc. policy, employees may be asked to cover visible tattoos during the work day, if hired. I agree to follow the Company grooming guidelines and to be dressed appropriately per the standards of the Company at all times in the workplace, if I am hired.

*A photocopy, digital, and/or electronic copy of this signed authorization is as effective and binding as the original.*

Signed: \_\_\_\_\_

Date: \_\_\_\_\_

Print Name: \_\_\_\_\_

First

MI

Last