



APPLICATION FOR EMPLOYMENT

238 W 35 S
 Burley, ID 83318
 Office: 208-677-2222
 Fax: 208-677-4444

THANK YOU FOR YOUR INTEREST IN OUR COMPANY. **SOUTHERN FAB WORKS** IS A DRUG FREE AND ALCOHOL FREE WORKPLACE AND A PRE-EMPLOYMENT DRUG SCREEN IS REQUIRED. PLEASE PRINT AND COMPLETE ENTIRE FORM. PLEASE BE SPECIFIC AND FILL IN ALL APPROPRIATE BLANKS, ALL INFORMATION GIVEN WILL BE HELD IN STRICT CONFIDENCE.

FULL NAME (LAST, FIRST, MIDDLE)		DATE:	
ADDRESS:		YEARS AT THIS ADDRESS:	
CITY, STATE, ZIP CODE:	PHONE NUMBER:	EMAIL ADDRESS:	
HAVE YOU EVER BEEN EMPLOYEED BY SOUTHERN FAB WORKS?		DO YOU HAVE THE LEGAL RIGHT TO WORK IN THE U.S.? YES NO	
TYPE OF POSITION DESIRED? WHO REFEREED YOU TO THIS POSITION?		ARE YOU WILLING TO WORK OUT OF TOWN? YES NO	
HAVE YOU EVER BEEN CONVICTED OF A CRIME? YES NO IF YES, EXPLAIN:		WELDING OR PIPEFITTING EXPERIENCE:	
ARE YOU RELATED TO AN EXSISTING EMPLOYEE AT SFW? YES NO IF YES, WHO?		PLEASE LIST OTHER EXPERIENCES, TRAINING, SKILLS OR QUALIFICATIONS:	

EDUCATION

NAME & LOCATION OF SCHOOL:	GED/DIPLOMA?	DATE:
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WORK EXPERIENCE (START WITH PRESENT POSITION AND WORK BACK)

COMPANY NAME:		PHONE NUMBER:	
ADDRESS:		CITY, STATE, ZIP CODE:	
TYPE OF BUSINESS:	IMMEDIATE SUPERVISOR:	YOUR POSITION:	
START & STOP DATE:	IF LEAVING PRESENT JOB, EXPLAIN:		
EXPLAIN IN DETAIL YOUR DUTIES:			

COMPANY NAME:			PHONE NUMBER:			
ADDRESS:			CITY, STATE, ZIP CODE:			
TYPE OF BUSINESS:		IMMEDIATE SUPERVISOR:		YOUR POSITION:		
START & STOP DATE:	IF LEAVING PRESENT JOB, EXPLAIN:					
EXPLAIN IN DETAIL YOUR DUTIES:						
COMPANY NAME:			PHONE NUMBER:			
ADDRESS:			CITY, STATE, ZIP CODE:			
TYPE OF BUSINESS:		IMMEDIATE SUPERVISOR:		YOUR POSITION:		
START & STOP DATE:	IF LEAVING PRESENT JOB, EXPLAIN:					
EXPLAIN IN DETAIL YOUR DUTIES:						
MAY WE CONTACT YOUR PRESENT EMPLOYER?			YES	NO	MAY WE CONTACT YOU PREVIOUS EMPLOYER(S)?	

PLEASE LIST 3 REFERENCES (Other than family)

NAME:	ADDRESS:		PHONE NUMBER:

By signing this application, I certify: That this application is complete and accurate to the best of my knowledge and that I have not made any attempt to conceal information that falsification could be cause for dismissal. Further, SOUTHERN FAB WORKS or its agents may request employment information from my previous employers and persons or corporations who provide information related to my previous employment and will be released from any liability or damage. I have noted that SOUTHERN FAB WORKS is an Equal Opportunity Employer and applicants receive lawful consideration for employment without regard to race, religion, color, sex, age, national origin, disability, or Veteran status. I realize that if I am hired SOUTHERN FAB WORKS reserves the right to terminate my employment whenever the need arises.

SIGNATURE _____

DATE _____