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 1987 W. Heyrend Way • Idaho Falls, Idaho 83402 • Phone 208.529.6510 • FAX 208.528.4229

PROUD TO BE PARTNERS IN SAFTY WITH OSHA

APPLICANT INFORMATION			
Last Name	First	M.I.	Date
Street Address		Apartment/Unit #	
City	State	ZIP	
Phone	E-mail Address		
Date Available	Social Security No.	Desired Salary	
Position Applied for			
Are you a citizen of the United States?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	If no, are you authorized to work in the U.S.? YES <input type="checkbox"/> NO <input type="checkbox"/>
Have you ever worked for this company?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	If so, when?
Have you ever been convicted of a felony?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	If yes, explain

EDUCATION			
High School		Address	
From	To	Did you graduate? YES <input type="checkbox"/> NO <input type="checkbox"/>	Degree
College		Address	
From	To	Did you graduate? YES <input type="checkbox"/> NO <input type="checkbox"/>	Degree
Other		Address	
From	To	Did you graduate? YES <input type="checkbox"/> NO <input type="checkbox"/>	Degree

REFERENCES	
<i>Please list three professional references.</i>	
Full Name	Relationship
Company	Phone ()
Address	
Full Name	Relationship
Company	Phone ()
Address	
Full Name	Relationship
Company	Phone ()
Address	

PREVIOUS EMPLOYMENT			
Company		Phone ()	
Address		Supervisor	
Job Title	Starting Salary	\$	Ending Salary \$
Responsibilities			
From	To	Reason for Leaving	
May we contact your previous supervisor for a reference? YES <input type="checkbox"/> NO <input type="checkbox"/>			
Company		Phone ()	
Address		Supervisor	
Job Title	Starting Salary	\$	Ending Salary \$
Responsibilities			
From	To	Reason for Leaving	
May we contact your previous supervisor for a reference? YES <input type="checkbox"/> NO <input type="checkbox"/>			
Company		Phone ()	
Address		Supervisor	
Job Title	Starting Salary	\$	Ending Salary \$
Responsibilities			
From	To	Reason for Leaving	
May we contact your previous supervisor for a reference? YES <input type="checkbox"/> NO <input type="checkbox"/>			

DISCLAIMER AND SIGNATURE	
I certify that my answers are true and complete to the best of my knowledge.	
If this application leads to employment, I understand that false or misleading information in my application or interview may result in my release.	
Signature	Date

**The Parties Drug Testing Consent Form
(Prospective Worker)**

As a part of my application for employment with Hobson Fabricating I consent to take a drug test as part of the employer's drug free workplace Policy.

I understand that the collection, testing and reporting of my specimen will be done in accordance with standard chain of custody procedures.

I understand that I will pay the cost of my pre-employment test. If the result is negative, I will be reimbursed \$38.00 for the cost of the test.

I understand that in the event I do not work more than thirty (30) days with Hobson Fabricating, the cost of my pre-employment test will deducted from my final check.

I consent to the release of my test results received from the testing laboratory by Minert & Associates, Inc. to management officials at Hobson Fabricating and understand that those results will be held in confidence by them.

I understand that if I test positive for illegal drugs I will have an opportunity to discuss those results with the staff at Minert & Associates, Inc.

I further understand that if I test positive for the presence of illegal drugs, I will not be offered employment with Hobson Fabricating.

I understand the terms of Hobson Fabricating drug testing policy.

Applicant's Name (PRINT)

Date

Applicant's Signature

INVITATION TO SELF-IDENTIFY DISABILITY OR VETERAN STATUS

Hobson Fabricating is an affirmative action employer committed to employing and advancing the employment of qualified persons with disabilities and veterans. If you would like to be included in our affirmative action program, please let us know by completing this survey now or at any time in the future (check all applicable items).

Please note that your response is voluntary. Declining to respond will not subject you to any adverse treatment. Information you provide will be kept confidential, except that (1) supervisors and appropriate administrators may be informed regarding reasonable accommodations or work restrictions; (2) first aid personnel may be informed when, and to the extent appropriate, you have a condition that might require emergency treatment; and (3) certain information may be disclosed if required by a civil rights enforcement agency, regulation, or law.

Applicant Name: _____

- I am neither a veteran nor a person with a disability.**
- I am a person with a disability.** ("Disability" is a physical or mental impairment that substantially limits one or more major life activities.)
- I am a veteran.** Date of discharge or release from active duty: _____
- I am a "special disabled veteran."** (A veteran who is entitled to compensation by the Veterans Administration for a disability rated at 30% or more, or 10 or 20% under Section 3106 of Title 38 USC covering serious employment handicap, or a person who was discharged or released from active duty because of service-connected disability.)
- I am a "veteran of the Vietnam era."** (A veteran who served on active duty for more than 180 days, any part of which occurred between August 5, 1964, and May 7, 1975, and was honorably discharged or released sooner because of a service-related disability.)
- I am a "recently separated veteran."** (A veteran for whom less than one year has passed since the date of discharge or release from active duty.)
- I am an "other protected veteran."** (A person who served on active duty during a war or in a campaign or expedition for which a campaign badge has been authorized, under laws administered by the Department of Defense.)

Invitation to Identify for Affirmative Action Purposes Applicants

Hobson Fabricating is an equal opportunity employer and does not discriminate in hiring or employment on the basis of race, color, religion, sex, national origin, age, disability, or any other basis prohibited by federal, state, or local law. No question on this form is intended to secure information to be used for such discrimination. Hobson Fabricating is required by federal regulations to report information as requested below. Your contribution of this information is completely voluntary and in no way affects the decision regarding your employment opportunity. The information you provide is strictly confidential and will be maintained separate from your application form.

Applicant Name: _____ Date: _____

Position Applied For: _____

Choose one race/ethnic group. Submission of information is voluntary.

Sex: _____ Male _____ Female

Race/Ethnic Group: _____ Hispanic or Latino _____ White
_____ Black or African American _____ Native Hawaiian or
_____ Other Pacific Islander _____ Asian
_____ American Indian or Alaska Native
_____ Two or more races

HOW WERE YOU REFERRED TO THIS JOB?

___ Advertisement _____ School/College
___ Employee Referral _____ State Job Service
___ Employment Agency _____ Temporary Agency
___ Government Agency _____ Walk In
___ Recruiter _____ Other (Please Specify): _____