Martin’s Metal Fabrication & Welding, Inc.

PO Box 1855, Vacaville, CA 95687

Ph: (707)678.4117 Fax: (707) 678.0251

**CA Lic # 595287**

**Employee Application**

Our policy is to provide equal employment opportunity to all qualified persons without regards to race, creed, color, religious beliefs, sex, age, national origin, ancestry, physical or mental handicap or veteran status.

**We Require Pre-Employment Drug Testing**

Name.\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Home Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Day Ph. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Evening Ph. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Cell Ph.\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

SSN:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Ph.\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 (Person to notify (in case of emergency)

**Position & Background**

When can you start: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Desired Wage Per Hour: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

How did you hear about this opening? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Are you a U.S. citizen: \_\_\_\_\_ Yes \_\_\_\_\_ No

Are you 18 years of age or older? \_\_\_\_\_ Yes \_\_\_\_\_ No

Have you ever been convicted of a felony? \_\_\_\_\_ Yes \_\_\_\_\_ No

 (If, yes please explain)

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Are you presently employed? \_\_\_\_\_ Yes \_\_\_\_\_ No

May we contact your present employer? \_\_\_\_\_ Yes \_\_\_\_\_ No

Are you able to work full time? \_\_\_\_\_ Yes \_\_\_\_\_ No

**Position Applying For** (Please circle)

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| --- | --- | --- | --- |
| Management | Clerical | Purchasing | Outside Sales |
| Safety Supervisor | Construction Manager | Shop Supervisor | Quality Control Manager |
| Shop Welder/ Fabricator | Field Welder | Press Brake Operator | Machinist |
| Structural Estimator | Misc. Estimator | Project Manager | Project Coordinator |
| Steel Detailer | Fitter | Mechanic | Painter |
| Driver | Yard Handler | Shipping/ Receiving | Helper |

(Please list in detail applicable experience for which position you are applying for, Ex: 5 years exp. As field welder, etc.)

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**Qualifications for Position:**

Can you read a tape measure? \_\_\_\_\_ Yes \_\_\_\_\_ No\_\_\_\_\_ N/A

Can you read and follow blue prints & shop prints? \_\_\_\_\_ Yes \_\_\_\_\_ No\_\_\_\_\_ N/A

Are you familiar with sheet metal gauges & other metal sizes? \_\_\_\_\_ Yes \_\_\_\_\_ No\_\_\_\_\_ N/A

Do you have a High School Diploma or GED? \_\_\_\_\_ Yes \_\_\_\_\_ No\_\_\_\_\_ N/A

Have you went to a Career College, technical, and or trade school? \_\_\_\_\_ Yes \_\_\_\_\_ No\_\_\_\_\_ N/A

(Please list applicable qualifications, degree, certificates, software, and skills. Ex. Project Management Certificate)

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**Are You Certified:** (Please circle all that apply, if any & what you are certified in. Example 2G, NR 232)

What do you prefer welding? Mild Steel Stainless Steel Aluminum Copper Structural Steel

Are you certified: \_\_\_\_\_ Yes \_\_\_\_\_ No\_\_\_\_\_ N/A

**What are you certified in?** (Please write all that apply below. Example: FCAW, SMAW, E7018)

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**Safety Training:** (Please circle all that apply)

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| TWIC | BATC | HAZWOPE | OSHA 10 | OSHA 30 | Flagger | First Aid |
| CPR | Fall Protection | Subpart R Steel Erecting | Fire Prevention | Confined Space | EM-385 | Respiratory |

Other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Equipment:** (Please circle all that apply, have you been trained/ certified in the follow)

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| Forklift | Scissor lift | Boom lift | Crane | SkyTrak | Grad All |

Other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Machinery:** (Please list any machinery you have experience using. Example: Press Brake, Waterjet, Lathe, Plasma, etc.)

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**Employment History** (Please list employment for the past 10 years, starting with the most recent employer)

Company Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Your Supervisor’s Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date Started: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Starting Hourly Wage: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Starting Position:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date Ended: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Ending Hourly Wage: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Ending Position: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Responsibilities: (Please list)

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Reason for leaving: (Please list)

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Company Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Your Supervisor’s Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date Started: \_\_\_\_\_\_\_\_\_\_\_\_\_\_ Starting Hourly Wage: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Starting Position:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date Ended: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Ending Hourly Wage: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Ending Position: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Responsibilities: (Please list)

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Reason for leaving: (Please list)

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Address:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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Date Started: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Starting Hourly Wage: \_\_\_\_\_\_\_\_\_\_\_\_\_\_ Starting Position:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date Ended: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Ending Hourly Wage: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Ending Position:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Responsibilities: (Please list)

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Reason for leaving: (Please list)

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**Attach additional information if necessary**

I certify that the facts set forth in this application for employment are true and complete to the best of my knowledge. I understand that if I am employed, false statements on this application shall be considered sufficient cause for dismissal. This company is hereby authorized to make any investigations of my prior educational and employment history. I understand that employment at this company is “at will”, which mean that either I or this company can terminate the employment relationship at any time, with or without prior notice, and for any reason not prohibited by statute. All employment will continue on that basis. I understand that no supervisor, manager, or executive of this company, other than the president has the authority to alter the foregoing.

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

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