



APPLICATION FOR EMPLOYMENT

(Pre-Employment Questionnaire) (An Equal Opportunity Employer)

PERSONAL INFORMATION

Date: _____

NAME:

_____ Last _____ First _____ Middle _____

PRESENT ADDRESS:

_____ Street _____ City _____ State _____ ZIP _____

PERMANENT ADDRESS:

_____ Street _____ City _____ State _____ ZIP _____

PHONE NO:

Are You 18 Years or Older? Yes _____ No _____

Are you prevented from lawfully becoming employed in this country because of visa or immigration status? Yes _____ No _____

EMPLOYMENT DESIRED

Position _____ Date You Can Start: _____ Salary Desired: _____

Are You Employed Now? _____ If So, May We Inquire of Your Present Employer? Yes _____ No _____

Ever Applied to this Company Before? _____ If So, Where? _____ When? _____

Referred By: _____

EDUCATION	Name & Location of School	No. of Years Attended	Did You Graduate?	Subjects Studied
Grammar School				
High School				
College				
Trade, Business or Correspondence School				

GENERAL

Subjects of Special Study or Research Work: _____

Special Skills:

US Military or Naval Service? _____ Rank: _____ Present Membership in National Guard or Reserves? _____

This form complies with the provisions of the Americans with Disabilities Act and the final regulations and interpretive guidance promulgated by the EEOC on July 26, 1991.

(Continued on Sheet 2)

FORMER EMPLOYERS (List Below Last Three Employers, Starting with Last One First).

Date Month & Year:	Name & Address of Employer	Salary	Position	Reason for Leaving
From				
To				
From				
To				
From				
To				

REFERENCES: Give the Names of Three Persons Not Related to You, Whom You Have Known at Least One Year

Name	Address	Business	Years Acquainted
1			
2			
3			

The following statement applies in Maryland and Massachusetts. (Fill in name of state)

It is unlawful in the state of _____ to require or administer a lie detector test as a condition of employment or continued employment. An employer who violates this law shall be subject to criminal penalties and civil liability.

Signature of Applicant

In Case of Emergency
Notify:

Name

Address

Phone

"I certify that all the information submitted by me on this application is true and complete; and I understand that if any false information, omissions, or misrepresentations are discovered, my application may be rejected, and if I am employed, my employment may be terminated at any time.

In consideration of my employment, I agree to conform to the company's rules and regulations, and I agree that my employment and compensation can be terminated, with or without cause, and with or without notice, at any time, at either my or the company's option. I also understand and agree that the terms and conditions of my employment may be changed, with or without notice, at any time by the company"

Date

Signature

Do Not Write Below This Line

Interviewed By:

Date:

Remarks:

Neatness:

Ability

Hired: Yes

No

Position

Dept.

Salary/Wage:

Date Reporting to Work:

Approved:

1

2

3

Employment Manager

Department Head

General Manager

It is Rocky Mountain Fabrication's policy to comply with Equal Employment Opportunity (EEO) laws by making all employment decisions without unlawful regard or consideration of any individual's race; color; religion; sex; age; national origin; ancestry; citizenship; physical or mental disability; medical condition related to a diagnosis of cancer; marital or veteran status; sexual orientation; or other characteristic consideration of which is prohibited by law.



Employee Consent To Test For Controlled
Substances (Drugs) and/or Alcohol
CONFIDENTIAL

Employee Name (please print)

Social Security Number

I hereby voluntarily consent to a test(s) to be conducted by Company designated physicians and/or appropriate medical personnel contracted to perform this service by the Company. I voluntarily consent specifically to the taking of samples of my blood, urine, breath and any other samples for testing to determine the presence of drugs and/or alcohol in my system. I voluntarily authorize the release of medical information concerning the results of tests to Company supervisors and management who will determine if I am in compliance with Company work rules and policies on drug and/or alcohol. I understand that I am entitled to a copy of this authorization. I also understand that refusal by me to sign this consent will be cause for discharge. I further agree to hold the Company, its agents, directors, officers and employees harmless from any and all liability in connection with the testing for drugs and/or alcohol content. This authorization shall remain valid at all times during the period of my employment.

Employee Signature

Date

Company Rep. Signature

Employee Refusal To Consent To Test For
Controlled Substances (Drugs) and/or Alcohol

I decline to authorize the Company to perform test(s) for drugs and/or alcohol or the release of results to Company supervisors and management. I understand that I am entitled to a copy of this refusal. I also understand that refusal by me to sign this consent will be cause for discharge.

Employee Signature

Date

Company Rep. Signature



Employee Acknowledgement Form

Hazard Communication Program Employee Acknowledgement

1. This is to acknowledge that I have received Rocky Mountain Fabrication's Orientation Training regarding hazardous materials, which I may reasonably expect to encounter at the jobsite. I am aware that a copy of RMF's written Hazard Communication Program and copies of relevant Material Safety Data Sheets are available for my examination on the jobsite. I am aware that I have the right to personally receive information regarding hazardous substances to which I may be exposed and that my physician may also have the information. I am aware that I have the right against discharge or other discrimination due to exercise of any rights afforded pursuant to the provisions of the Hazardous Substances Information and Training Act.

Signature

Date

II. RMF Safety Program Employee Acknowledgement

I hereby acknowledge I have received training in the provisions of the RMF Field and Injury Prevention Plan (FIIPP) including the Code of Safe Practice. I understand a copy of the FIIPP is available at the jobsite and a copy of the Code of Safe Practice will be posted on the jobsite bulletin board. I agree to abide by these provisions while employed by RMF.

Signature

Date

III. RMF Alcohol and Drug Policy Employee Acknowledgement

This is to acknowledge that I am aware of Rocky Mountain Fabrication's Alcohol and Drug Policy and that I agree to abide by the provisions of that policy. I am aware that my abiding by that policy is a condition of my employment with Rocky Mountain Fabrication and that the policy may from time to time require testing for drug and/or alcohol abuse.

Signature

Date