

Employment Application



FIVE STAR FABRICATING, INC. is an equal opportunity employer and affords equal opportunity to all applicants for all positions without regard to race, color, religion, gender, national origin, age, disability, veteran status or any other status protected under local, state or federal laws.

Position(s) Applied For _____ Date of Application _____

Last Name _____ First Name _____ Middle Name _____

Address _____ City _____ State _____ Zip Code _____

Telephone Number(s) _____ Social Security # _____

How Did You Hear About Us? Newspaper Ad Employment Agency Employee Other _____

YES	NO	
		Are you legally eligible to work in the United States? (Proof of eligibility will be required upon offer of employment)
		Are you over the age of 18 years? (If no, you may be required to provide authorization)
		Can you with or without reasonable accommodation perform the essential functions of this job? (If you have any questions about the functions of the job, please ask the interviewer before answering this question.)
		Have you ever applied to FIVE STAR FABRICATING, INC. before? If yes, please give date:
		Have you ever worked for FIVE STAR FABRICATING, INC. before? If yes, please give date:
		Have you ever been convicted of a felony? (A conviction will not necessarily disqualify you.) If yes, please explain:
		Do you have a valid driver's license? (For driving positions only.)
		Have you been convicted of any moving violations in the past five years? If yes, please explain:
		Is anyone related to you employed by FIVE STAR FABRICATING, INC.? If yes, please give their name and relationship to you.
		What salary or rate of pay do you expect to receive if employed? \$ _____ per _____ (hour, week or year)
		Have you ever been fired or asked to resign from a job? If yes, please explain:

EDUCATION

	Name and Location of School	Course of Study or Major	# Years Completed	Diploma/Degree
Elementary				
High School				
College				
Graduate				
Vocational				

Describe any specialized training, apprenticeships, licenses or skills:

REFERENCES: Please list three persons, who are not related to you or previous supervisors, who can provide professional references.

Name	Address	Phone Number	Relationship/Occupation	Years Known

Five Star Fabricating, Inc. is a global full service, design and manufacturing facility.

www.fivestarbodies.com phone 262.877.2171 fax 262.877.3702 PO Box 700 - 36728 89th St - Twin Lakes, WI 53181

DESIGNED TO WIN!

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EMPLOYMENT HISTORY

Begin with current or most recent employer. Do not exclude any employment. Include any applicable temporary employment attach another sheet if necessary. Previous salaries or wages will not be used to determine compensation at Five Star Fabricating, Inc.

Company: _____ Supervisor's Name/Title: _____
Address: _____
Phone: _____ (Dates) Employed From: _____ To: _____ Salary Start: \$ _____ End: \$ _____
Describe your duties: _____
Reason for leaving: _____

Company: _____ Supervisor's Name/Title: _____
Address: _____
Phone: _____ (Dates) Employed From: _____ To: _____ Salary Start: \$ _____ End: \$ _____
Describe your duties: _____
Reason for leaving: _____

Company: _____ Supervisor's Name/Title: _____
Address: _____
Phone: _____ (Dates) Employed From: _____ To: _____ Salary Start: \$ _____ End: \$ _____
Describe your duties: _____
Reason for leaving: _____

APPLICANT ACKNOWLEDGEMENT AND AUTHORIZATION

I hereby certify that all of the information provided by me in this application (and any other accompanying or required documents) is correct, accurate and complete to the best of my knowledge. I authorize Five Star Fabricating, Inc. to make such investigations and inquiries of my personal, employment, educational, financial and other related matters as may be necessary for an employment decision. I hereby release employers, schools or individuals from all liability when responding to inquires in connection with my application. In the event I am employed, I understand that false or misleading information given in my application or interview(s) may result in discharge.

Signature of Applicant: _____ Date: _____

DRUG TEST CONSENT FORM
CONSENT FOR PRE-EMPLOYMENT DRUG TEST SCREEN AND RELEASE COVENANT NOT TO SUE AND INDEMNITY AGREEMENT
I hereby CONSENT to allow Aurora Medical Center to take a specimen of my hair, urine, or blood and submit it for a pre-employment drug test screen. I FURTHER CONSENT to allow the laboratory testing service to make the results of such screen available to the prospective or current employer, Five Star Fabricating, Inc.
In consideration for such services being rendered on my behalf, I hereby RELEASE the laboratory testing service, its officers, agents, and employees, from any and all claims which I might otherwise have due to such results being made so available. I hereby CONSENT NOT TO FILE ANY ACTION at law or in equity against Five Star Fabricating, Inc., the laboratory testing service, their respective officers, agents or employees in connection with the results of such screen being made so available, and I hereby agree to INDEMNIFY and SAVE HARMLESS Five Star Fabricating, Inc., the laboratory testing service, their respective officers, agents, and employees from all damages, expenses, reasonable attorney's fees, and costs of court which they or any of them may suffer or incur, jointly or severally, due to the results of such screen being made so available.
Applicant's Signature _____ Signed this _____ day of _____, 20____.

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