



PROFAB MANUFACTURING

EMPLOYMENT APPLICATION FORM

PLEASE PRINT ALL INFORMATION REQUESTED EXCEPT SIGNATURE							
APPLICANTS MAY BE TESTED FOR ILLEGAL DRUGS							
PLEASE COMPLETE PAGES 1-5						Date:	
Name:							
Last		First		Middle		Maiden	
Present Address:							
Number		Street		City		State	Zip
How Long:				Social Security No.:			
Telephone:		If under 18, please list age:					
Position Applied For:			Salary Desired:				
Days/Hours Available to Work:							
No Pref.		Mon		Tue		Wed	
Thurs		Fri		Sat		Sun	
How many hours can you work weekly?				Can you work nights?		Yes	No
Employment Desired:		FULL-TIME ONLY		PART-TIME ONLY		FULL- OR PART-TIME	
When available for work?							
EDUCATION & OTHER INFORMATION							
TYPE OF SCHOOL	High School		College		Bus. or Trade School		Professional School
NAME OF SCHOOL							
LOCATION (Complete mailing address)							

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NO. OF YEARS COMPLETED							
MAJOR & DEGREE							
Have you ever been convicted of a crime?	Yes		No				
If yes, explain number of conviction(s), nature of offense(s) leading to conviction(s), how recently such offense(s) was/were committed, sentence(s) imposed, and type(s) of rehabilitation.							
Do you have a driver's license?							
What is your means of transportation to work?							
Driver's License Number:		State of issue:	Operator	Commercial (CDL)	Chauffeur		
Expiration Date:							
Have you had any accidents during the past three years?				How many?			
Have you had any moving violations during the past three years?				How many?			
OFFICE ONLY							
Typing		10-key		Word Processing		Personal Computer	
Yes		Yes		Yes		Yes	Pc
No	WPM	No		No	WPM	No	Mac
Other Skills:							
Please list two references other than relatives or previous employers.							
Name:				Name:			
Position:				Position:			
Company:				Company:			
Address:				Address:			
Telephone:				Telephone:			

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An application form sometimes makes it difficult for an individual to adequately summarize a complete background. Use the space below to add any additional information necessary to describe your full qualifications for the specific position for which you are applying.

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MILITARY			
Have you ever been in the armed forces?		Yes	No
Are you now a member of the national guard?		Yes	No
Specialty:	Date Entered:	Discharge Date:	
Work Experience	Please list your work experience for the past five years beginning with your most recent job held. If you were self-employed, give firm name. Attach additional sheets if necessary.		
Job One			
Name of Employer:		Employment Dates	Salary
Name of Last Supervisor :		From:	Start:
		To:	Final:
Complete Address:			
Phone Number:		Your Last Job Title:	
Reason for Leaving (be specific):			
List the jobs you held, duties performed, skills used or learned, advancements or promotions while you worked at this company.			
Job Two			
Name of Employer:		Employment Dates	Salary
Name of Last Supervisor :		From:	Start:
		To:	Final:

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PLEASE READ CAREFULLY

APPLICATION FORM WAIVER

In exchange for the consideration of my job application by Lakeside Steel & Machine, Inc. (hereinafter called "the Company"), I agree that:

Neither the acceptance of this application nor the subsequent entry into any type of employment relationship, either in the position applied for or any other position, and regardless of the contents of employee handbooks, personnel manuals, benefit plans, policy statements, and the like as they may exist from time to time, or other Company practices, shall serve to create an actual or implied contract of employment, or to confer any right to remain an employee of Lakeside Steel & Machine, Inc., or otherwise to change in any respect the employment-at-will relationship between it and the undersigned, and that relationship cannot be altered except by a written instrument signed by the President /General Manager of the Company. Both the undersigned and Lakeside Steel & Machine, Inc. may end the employment relationship at any time, without specified notice or reason. If employed, I understand that the Company may unilaterally change or revise their benefits, policies and procedures and such changes may include reduction in benefits.

I authorize investigation of all statements contained in this application. I understand that the misrepresentation or omission of facts called for is cause for dismissal at any time without any previous notice. I hereby give the Company permission to contact schools, previous employers (unless otherwise indicated), references, and others, and hereby release the Company from any liability as a result of such contract.

I also understand that (1) the Company has a drug and alcohol policy that provides for pre-employment testing as well as testing after employment; (2) consent to and compliance with such policy is a condition of my employment; and (3) continued employment is based on the successful passing of testing under such policy. I further understand that continued employment may be based on the successful passing of job-related physical examinations.

I understand that, in connection with the routine processing of your employment application, the Company may request from a consumer reporting agency an investigative consumer report including information as to my credit records, character, general reputation, personal characteristics, and mode of living. Upon written request from me, the Company, will provide me with additional information concerning the nature and scope of any such report requested by it, as required by the Fair Credit Reporting Act.

I further understand that my employment with the Company shall be probationary for a period of ninety (90) days, and further that at any time during the probationary period or thereafter, my employment relation with the Company is terminable at will for any reason by either party.

Signature of Applicant: _____ **Date:** _____

This Company is an equal employment opportunity employer. We adhere to a policy of making employment decisions without regard to race, color, religion, sex, sexual orientation, national origin, citizenship, age or disability. We assure you that your opportunity for employment with this Company depends solely on your qualifications.

Thank you for completing this application form and for your interest in our business.

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POST EMPLOYMENT INFORMATION FORM

TO BE COMPLETED AFTER EMPLOYEE HAS BEEN HIRED

Full Name		Social Security No.	
Address:			
Telephone:		Cell Phone:	
PERSON TO BE NOTIFIED IN CASE OF EMERGENCY			
Name:		Telephone:	
Address:			
Relationship:			
DIRECT DEPOSIT (optional)			
Employee Name as listed on account:			
Name of Financial Institution			
Routing No.:		Account No.:	
EMPLOYER TO BE COMPLETED BY EMPLOYER			
Date of Employment:		Job Title:	
Department:		Location:	
Rate of Pay:	Full-time	Part-time	Salaried
Applicant's signature acknowledging above information			
Name of Person Authorizing Employment:			

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