



APPLICATION FOR EMPLOYMENT

Name: _____
Last First Middle

Date of Application: _____ Social Security #: _____ - _____ - _____

Note: Application remains current for 60 days, after which time you must reapply

HIRING PROCESS

Generally, FD Thomas, Inc. follows the four-step hiring process:

1. Complete Application. We check your qualifications, past employers, references & our job availability.
2. You submit to a drug and alcohol test. All tests are at our expense. The following steps are not completed until we receive negative drug test results.
3. For jobs that require a respirator, your Medical Evaluation Questionnaire is reviewed to determine whether you need a pulmonary test; if yes, you submit to a pulmonary test and a respirator fit test.
4. You then go to work and agree to abide by all laws and company policies.

CONTACT

Home Telephone: _____ Cell Phone: _____

Mailing Address: _____

Emergency Contact: _____ Telephone #: _____

STATUS

1. Do you have a valid driver's license? Yes No

Drivers License #: _____ State: _____ Expiration Date: _____

2. Position you are applying for: _____

3. When are you available for work? _____

4. Are you currently a member of the union? Yes No

Union: _____ Local: _____ Status: _____

5. Can you travel out of town to work? Yes No

6. Are you currently employed? Yes No

7. Are you at least 18 years of age: ____ Yes ____ No

8. Are you lawfully prevented from working in this country because of visa or immigration status? Proof of citizenship and/or status required) Yes No

9. Is there any reason that will make it difficult for you to work a shift other than day shift, overtime or weekends? Yes No

If yes, please explain: _____

EXPERIENCE

PLEASE LIST SKILLS AND EXPERIENCE:

EDUCATION	High School: _____ Grade Completed: <input type="checkbox"/> None <input type="checkbox"/> 10 <input type="checkbox"/> 11 <input type="checkbox"/> 12 College: _____ Years Completed: <input type="checkbox"/> None <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 Trade School or Special Training: _____ _____
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EMPLOYMENT	PLEASE LIST LAST TWO EMPLOYERS: Employer: _____ From: _____ to: _____ Reason for Leaving: _____ Contact: _____ Phone #: _____ Employer: _____ From: _____ to: _____ Contact: _____ Phone #: _____ Reason for Leaving: _____
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REFERENCE	PLEASE PROVIDE NAME, ADDRESS AND PHONE NUMBERS OF TWO PERSONAL REFERENCES: 1. Reference No 1: _____ Phone #: _____ Address: _____ 2. Reference No 2: _____ Phone #: _____ Address: _____
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NOTICE	PLEASE NOTE THE FOLLOWING: 1. At any time, with or without notice, you may be terminated with or without cause. There is not a promise that you will be employed for a set period of time. We are an employment-at-will employer. 2. Your assignment to a job site prior to receiving drug & alcohol test results does not mean you are hired. We reserve the right to deviate from this general procedure. 3. We are an equal opportunity employer. Qualified applicants are considered for all positions without regard to race, color, religion, gender, sex, national origin, age, sexual preference, marital or veteran status, or the presence of a medical condition or handicap or any other protected class.
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_____ **(initial)** I authorize the companies, organizations, employers, schools, persons, or entities listed on this employment application to give any information regarding my employment, character, qualifications, certifications and licenses and verify all dates and facts. I hereby release said companies, organizations, employers, schools, persons or entities from all liability for any damage for issuing this information.

*I authorize investigation of **all** statements contained in this application to include (but not limited to) verification of present and previous employment and personal references. I understand that misrepresentation or omission of facts can lead to refusal to hire or discharge at any point. Further, I understand and agree that my employment is for no definite period and may, regardless of the date of payment of wages, be terminated at any time without any previous notice. Upon acceptance of employment with this company, I understand and agree that I will be required to take a Physical Examination and a Pre-Employment Drug Test.*

Applicant Signature: _____ **Date:** _____

SUPER	SUPERVISOR COMPLETE THE FOLLOWING: Hiring Supervisor: _____ Date of Hire: _____ Starting Wage: _____ Job No: _____ Union Referred: _____ Union Classification: _____ Will this employee be driving FDT owned vehicles: <input type="checkbox"/> Yes <input type="checkbox"/> No IF YES: SCHEDULE DOT PHYSICAL
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