

## APPLICATION FOR EMPLOYMENT

Metfab International, Inc. is an Equal Opportunity Employer. Prospective employees will receive consideration without discrimination because of race, creed, color, sex, age, national origin or handicap.

Employment at Metfab typically involves the ability and willingness to lift 50 pounds, stand and walk 8 - 10 hours per day and assist in various areas as needed.

Name (First, MI, Last)							Social Security Number			
Mailing Address	0						Telephone (Please print carefu	11177)		
ivianing Address	8						relephone (riease print careft	шу)		
Position Desired			Pay Requested		Email (Please p	rint ca	l arefully)			
						I				
I can work: (check all that apply)		Are you legally eligible to work	$\square Y \square N$	Have you worked			ergency Contact			
		in the US? Are you 18 years		at Metfab before?		Name:				
Second Shift	$\square Y \square N$ $\square Y \square N$	old or older?		Are you willing to take a physical and $\square Y \square N$ a drug screen?		Addı	ress:			
Third Shift Weekends			Are you currently employed? $\square Y \square N$							
Overtime		Are you a veteran?	$\square Y \square N$	Any convictions except for minor traffic violations?	$\Box Y \Box N$	Phor	ne:			
References										
1)	Please include	name, phone number	er, and circumst	tances of your acqu	aintance. Do not	includ	de relatives and former employe	ers.		
1)										
2)										
3)										
4)										
									Did you	
School		N	Name and L	ocation			Course of Study		Graduate	
College, Busin Trade, Techni									$\Box Y \Box N$	
College, Busin Trade, Techni									□Y□N	
College, Busin Trade, Techni										
High Schoo	1								$\Box Y \Box N$	

EMPLOYMENT HISTORY	Please provide a complete full-time and part-time employment record. Start with your present or most recent employer.					
Company name	Name of Supervisor					
Address	Phone	May we contact? Y N				
Job Title and Duties	Start Date	Starting Salary				
Reason for leaving	End Date	Final Salary				
Company name	Name of Supervisor					
Address	Phone	May we contact? Y N				
Job Title and Duties	Start Date	Starting Salary				
Reason for leaving	End Date	Final Salary				
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Company name	Name of Supervisor					
Address	Phone	May we contact? Y N				
Job Title and Duties	Start Date	Starting Salary				
Reason for leaving	End Date	Final Salary				
Anything else you would like us to consider while reviewing	your application:					
APPLICANT'S CERTIFI This application shall be considered active for one year from the signature	ICATION AND AGREEMENT	wagningd to complete a new application				
I understand that employment at Metfab typically involves the ability and willin as needed.	* • •					
I certify that this application was completed by me, and that all entries on it and to make such investigations and inquiries of my personal, employment and other release employers, school or persons from all liability in responding to inquiries false or misleading information given in my application or interview(s) may resuregulations of the Company, as permitted by Law.	r related matters as may be necessary in arr in connection with my application. In the	riving at an employment decision. I hereby event of employment, I understand that				
Any offer of employment I may receive from the Company is contigent upon my including satisfactory completion of any post-job offer, pre-employment physical employment, I may be required to undergo and successfully pass a screening and	al examination the Company may require.	I understand that as a condition of				
Applicant Signature	Î	Date				