



LaX Fabricating LTD

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 507-498-6000 info@laxfabricating.com

**Employment
Application**
Equal Opportunity

Last Name	First Name	Middle	Date
Street Address	City	State	Zip
Phone Number	Email Adress	Referred By	

Employment Desired			
Position Desired	Date You Can Start	Salary Desired	
Are You Employed?	Yes No	If So, May We Inquire of Your Present Employment?	
		Yes No	
Ever Applied to This Company Before?	Yes No	When? _____ / _____ / _____	

Education History			
Name & Location of School	Years Attended	Did You Graduate?	Subjects Studied
High School			
Trade or Technical School			
College/University			

General Information	Other Study/Research Work, Special Training or Skills Not Outlined Above

Former Employers (List Below Your Last Three Employers, Starting with the Most Recent)				
Dates Month & Year	Name & Address of Employer	Salary/ Hourly	Position/Job Description/Duties	Reason For Leaving
From:				
To:				
From:				
To:				
From:				
To:				

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Skills Check-List (Mark an X next to all the skills you have been trained in or are proficient in doing.)

_____ Reading a tape measure _____ Reading blueprints Machine Operations _____ Saw operator _____ Iron worker operations _____ Grinder _____ Pipe bending &/or Coping _____ Drill press _____ Spray painting _____ Fork lift Other _____	Certifications/Work Experience _____ Mild steel welding _____ Stainless steel welding _____ Aluminum welding _____ Stick welding _____ Mig welding _____ Tig welding _____ Fork Lift Certification _____ Current First Aid Certification _____ Current CPR Certification Other _____	Computer Skills _____ Word Processing _____ Microsoft Word _____ Microsoft Excel _____ Microsoft Outlook _____ Workers' Comp. _____ Auto CAD _____ Web page design _____ Copying/Faxing/Filing Other _____
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References (Give below the names of three persons, not related, whom you have known at least one year.)

Name	Address	Title	Phone Number	Years Known

Do you have pending criminal charges or have you ever pleaded guilty to or been convicted of a felony? Yes No

If yes, supply additional information regarding the offense(s) including date. If the job you are applying for requires the operation of a motor vehicle, include traffic convictions. _____

Authorization

"I certify that the facts contained in this application are true and complete to the best of my knowledge and I understand that, if employed, falsified statements on this application shall be grounds for dismissal. I authorize investigation of all statements contained herein and the references and employers listed above to give you any and all information concerning my previous employment and any pertinent information they may have, personal or otherwise, and release the company from all liability for any damage that may result from utilization of such information. I also understand and agree that no representative of this company has any authority to enter into any agreement for employment for any specified period of time, or to make any agreement contrary to the foregoing, unless it is in writing and signed by an authorized company representative. This waiver does not permit the release or use of disability-related or medical information in a manner prohibited by the Americans with Disabilities Act (ADA) and other relevant federal and state laws."

Date _____ Signature _____

DO NOT WRITE BELOW THIS LINE

Remarks

Interviewed By _____ **Date** _____

Neatness	Character
Personality	Ability

Hired	Department	Position	Starting Date	Salary Wages
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Approved: 1. _____ 2. _____ 3. _____
 Employment Manager Department Head General Manager