



PLEASE PRINT LEGIBLY

CSFCO USE ONLY

Phone: 256.350.5052
 Fax: 256.350.2109
 Revised 07/30/2014

YOU MUST SIGN THE APPLICATION

PERSONAL INFORMATION

Date:

**** REQUIRED FOR EMPLOYMENT CONSIDERATION.**

NAME Last	First	Middle Initial	Name you prefer to be called		
Address		City	St	Zip	
Telephone Number	Alternate or Cell Phone Number	Email Address			
Are you under the age of 18?		If yes, and we require a work permit, can you furnish one?			
Person we may contact in case of an emergency				Phone Number	

EMPLOYMENT INTEREST Full Time Part Time Temporary Seasonal

Position you are applying for. **Date available to start** **Salary Requirement**

Are you available to work overtime if needed? Are you available to work on weekends if needed?

Would you be willing to travel out of town?

Do you have reliable transportation to the jobsite?

**** Do you have a valid drivers license?** **State** **Any endorsements: (i.e. CDL, what class, etc.)** **** Are you a US citizen?**

As a condition of your employment, you must show proof of both a valid Drivers License or State ID and your Social Security Card or certified Birth Certificate

**** Some of the plant sites in which we work require all persons going on their site to be able to read and write English proficiently. Would you be able to comply with these requirements?**

YES NO

**** Have you *EVER* pled "guilty", "no contest", or been convicted of a crime? Include traffic violations Yes ___ No ___ If "yes" please explain (include date(s) if known).**

Answering "yes" to the above question does not constitute an automatic rejection for employment. Date of the offense, seriousness and nature of the violation, rehabilitation, and position applied for, will be considered.

Have you ever worked for this company? **If yes, when?** **Who referred you to us?**

EDUCATION

High School	Address	Diploma Yr. or Yr. completed
Trade or Technical School	Address	Diploma Yr. or Yr. completed
Community College	Address	Diploma Yr. or Yr. completed
College / University	Address	Diploma Yr. or Yr. completed
Other (specify)	Address	Diploma Yr. or Yr. completed

Please check below any special training, experience, skills and qualifications that you feel may be helpful to us in considering you for employment.

Trade / Skill	Details	Yrs Experience
Carpentry		
Concrete		
Plumbing		
Painting (list type)		
Welding (list type)	Pipe - Structural -	
Iron Work		
Pipe fitting		
Structural Fitting		
Sheet Metal Fabrication		
Millwright / list type		
Mechanic / list type		
Heavy Equip Operator		
Machine Operator (type)		
General Labor		
Sales / Marketing		
Administrative		
Management		
Specialized Office Skills		
Accounting / Financial		
Other (Specify)		
Drafting / Auto Cad		
Read Blueprints?	TVTC Training? BOP expiration Plant site orientation-expiration	
Do you own your own tools?	If so, list type	

Please list any past or present trade, business, or civic activities, civic memberships, or offices held, not previously mentioned, that may be helpful to us in considering you for employment. You may exclude all that would reveal gender, race, national origin, age, ancestry, disability or other protected status.

EMPLOYMENT HISTORY --- List employment starting with your most recent position. Please try to answer every question completely.

DATES	NAME AND ADDRESS OF EMPLOYER	POSITION AND SUPERVISOR	SALARY	MAJOR DUTIES	REASON FOR LEAVING
From	Name	Your Job Title	Starting		
	Address				
To	City, State, Zip	Your Supervisor	Ending		
	Phone				
From	Name	Your Job Title	Starting		
	Address				
To	City, State, Zip	Your Supervisor	Ending		
	Phone				
From	Name	Your Job Title	Starting		
	Address				
To	City, State, Zip	Your Supervisor	Ending		
	Phone				

REFERENCES --- Please furnish names, addresses and telephone numbers of two people to whom you are not related to nor been employed by.

Name	Phone Number		
Address	City	State	Zip
Name	Phone Number		
Address	City	State	Zip

VERY IMPORTANT ----- PLEASE READ CAREFULLY

I certify that my answers are true and complete to the best of my knowledge and understand that **falsification or misrepresentation** of any of the information on my application or during my interview, should I be granted one, is grounds for discharge.

Contractor Service and Fabrication Company, Inc. is an equal opportunity employer and maintains a drug free workplace.

I understand that it is CSFCO's policy to drug test all applicants prior to employment and to periodically give the same type of test to its current employees; therefore, I do consent to such tests and acknowledge that the taking of such test when requested, is a condition of my continued employment.

I understand that I may be subject to a background investigation as a condition of my employment. By signing below is an acknowledgement of consent.

I understand that my initial and continued employment is conditioned upon my being able to satisfactorily perform the essential functions of the job in which I am placed.

In consideration of my employment, I agree to conform to the rules and regulations of CSFCO including those pertaining to attendance, vacation, leaves of absence, termination, training, and general conduct.

I understand that for the first 90 days I work for CSFCO that I will be on a 90 day introductory period and that I will not become a regular employee until

I have successfully completed this period. I understand that my employment is "at will", for no definite period of time, and that employment and compensation may be terminated, with or without cause or notice, at any time.

I certify by my signature below, that I have read, understand and agree with the above.

You must sign and date your application before being considered for employment by CSFCO

Applicant Signature _____ Date _____

Once you have completed your application, you will be contacted should you have the qualifications and experience for a position in which we are hiring. *Anyone, after completing an application, who enters the CSFCO gates without authorzation will have their application pulled and will not be considered for employment.*