

Tentative Start Date:	_
Please circle classification:	
<ul> <li>Full Time</li> </ul>	
<ul> <li>Part time</li> </ul>	
Rate of Pay:	_
Position:	
Applicant Acknowledgement:	Date:
Interviewing Manager:	Date:

## APPLICATION FOR EMPLOYMENT

LAST NAME	FIRST NAME	M.I.	EMAIL		TODAY'S DATE
	MES BY WHICH YOU HAVE BEEN KNOWN PLE, CHANGE OF NAME, USE OF AN ASSI				
ADDRESS:	CITY			STATE	ZIP
	<b>.</b>		PHONE: ( )		
	CAN YOU FURNISH A WORK PERMIT IF IT		· · · · · · · · · · · · · · · · · · ·		_ NO _
CAN YOU AFTER EMPLOYMENT, SUI	BMIT VERIFICATION OF YOUR LEGAL RIG	HT TO WORK IN THE	UNITED STATES?		NO
HAVE YOU EVER WORKED FOR THIS	S COMPANY BEFORE? YES N		S, GIVE DATES AND LO		
O YOU HAVE ANY FRIENDS OR RE	LATIVES EMPLOYED BY THIS COMPANY?	YES NO	IF YES, PLEA	SE STATE NAME	(S):
HAVE YOU EVER BEEN CONVICTED	OF A CRIME (IE: MISDEMEANOR OR FELC	ONY)?		YES	NO
F YES, PLEASE STATE: T	YPE OF CRIME: (YOU WILL NOT NECESSARIL	Y BE DISQUALIFIED FR	OM EMPLOYMENT SOLELY	BECAUSE OF A CON	VICTION)
_OCATION:		_	DATE:		
EMPLOYMENT DESIRED					
WHAT POSITION ARE YOU APPLYING	G FOR? 1 <sup>ST</sup> CHOICE		2 <sup>№</sup> CHO	ICE	
DATE AVAILABLE:	FULL TIME:	PART TI	ME: DESIRE	D RATE OF PAY: _	
IF DRIVING IS AN ESSENTIAL DUTY (	OF THE JOB WHICH YOU ARE APPLYING F	FOR: DO YOU HAVE	A CURRENT DRIVER'S L	ICENSE? YES	NO
ISSUING STATE: CLASS:	NUMBER:EXPI	RATION:			
EDUCATION L	IST SCHOOLS AND/OR BRANC	CH OF SERVICE	AND CITY/STATE	LEVEL	. ATTAINED/ TYPE OF I
HIGH SCHOOL					
J.S. MILITARY SVC.					
TRADE SCHOOL					
	TIONS				-
ADDITIONAL SKILLS AND QUALIFICA	/IDE THREE PROFESSIONAL REFERENCE				
ADDITIONAL SKILLS AND QUALIFICA		ES WHO HAVE KNOV TELEP			LATIONSHIP
ADDITIONAL SKILLS AND QUALIFICA	/IDE THREE PROFESSIONAL REFERENCE				LATIONSHIP

#### **EMPLOYMENT HISTORY:**

- PROVIDE EMPLOYMENT HISTORY FOR THE PAST 7 YEARS BEGIN WITH THE MOST RECENT EMPLOYER FIRST.
- ACCOUNT FOR ALL PERIODS OF UNEMPLOYMENT IN SPACE PROVIDED BETWEEN POSITIONS.
- A RESUME AND/OR WRITING "SEE RESUME" IS NOT A SUBSTITUTE FOR A COMPLETE APPLICATION.

	COMPANY STREET/ CITY/ STATE IMMEDIATE SUPERVISOR / TELEPHONE #	JOB TITLE JOB DUTIES	REASON FOR LEAVING
END DATE			
START DATE			
END DATE			
START DATE			
END DATE			
START DATE			
END DATE			
START DATE			
END DATE			
START DATE			
END DATE			
START DATE			
END DATE			
START DATE			

INCOMPLETE OR INACCURATE EMPLOYMENT APPLICATIONS WILL NOT BE CONSIDERED FOR EMPLOYMENT. ALL THE RESPONSES I HAVE MADE ON THIS APPLICATION ARE TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE. I UNDERSTAND THAT IF I MAKE ANY FALSE STATEMENTS, MISREPRESENTATIONS, OR OMISSIONS IN THIS APPLICATION PROCESS, THIS APPLICATION COULD BE RENDERED VOID AND MAY BE REASON FOR MY IMMEDIATE DISCHARGE AT ANY TIME DURING MY EMPLOYMENT. I AGREE TO HOLD THIS COMPANY AND PERSONS NAMED HEREIN HARMLESS IN THAT EVENT.

DATE

- 1. I understand that the company is relying upon all of the representations, both written and oral, which I have made or do during the entire process of applying for employment with ProtoFab, Inc. I acknowledge that ProtoFab, Inc. has the right to investigate any other information that the company believes relevant including but not limited to, employment history, educational background, references, credit history and conviction records. I hereby agree to hold ProtoFab, Inc. its officers and agents harmless from any and all liability resulting in any way from such investigation and from any and all attorney fees resulting from any legal action I may institute which is within the scope of this waiver. I also authorize my former employers, schools, and references to provide any information they may have regarding me, whether or not it is in their records. I hereby release them and their company from all liability for divulging same.
- 2. In the event that employment is granted, ProtoFab, Inc., as employer, may at its discretion, with or without notice, modify, amend, or terminate present or future policies or practices relating to but not limited to, hours, job duties and descriptions, benefits or any other terms of employment.
- 3. In the event that employment is granted, I have no objection to making application for security clearance. And if necessary, signing an employee agreement on confidential information and inventions, or taking a job related medical examination.
- 4. In the event that employment is granted, I agree and understand that I may, at the request of ProtoFab, Inc., be required to work overtime
- 5. In the event that employment is granted, in consideration of such employment, I promise to ascertain and abide by all pertinent rules and regulations, and I understand that failure to do so may be cause for discharge from such employment.
- 6. I understand that if ProtoFab, Inc., employs me, my employment will be "at will" and I may terminate my employment at any time, with or without notice and with or without reason. Similarly, ProtoFab, Inc. is free to terminate an employment relationship with me at any time with or without notice and with or without reason if it believes it to be within ProtoFab, Inc., best interest. No supervisor or representative of ProtoFab, Inc., other than the Owners have the authority to enter into any agreement for employment for a specified period of time or to make any agreement contrary to the foregoing. Nothing in the company employment procedure or in subsequent employment is intended to be or convey a contract of employment, expressed or implied.

I have read and understand the foregoing application and agreement. By my signature below, I understand that incomplete or inaccurate employment applications will not be considered for employment. All the responses I have made on this application are true and correct to the best of my knowledge. I understand that if I make any false statements, misrepresentations, or omissions in this application process, this application could be rendered void and may be reason for my immediate discharge at any time during my employment.

Applicant signature

Date

Print full name

We are an Equal Opportunity Employer

All applicants will be considered for employment without regard to actual or perceived race, color, religion, gender, sexual orientation, gender identity or expression, national origin, age, disability, medical condition, pregnancy, genetic information, marital status, amnesty, or status as a covered veteran or any other characteristic protected by applicable federal, state or local laws.

#### PROTOFAB, INC.

#### DRUG TESTING PROGRAM

### NOTICE TO APPLICANTS

ProtoFab, Inc. has a vital interest in maintaining safe, healthful and efficient working conditions for its customers and employees. Using or being under the influence of drugs and/or alcohol on the job may pose serious safety and health risks not only for the user, but to the public and all those who work with the user. The possession, use or sale of an illegal drug or controlled substance may also pose unacceptable risks to safe, healthful and efficient operations.

To meet this compelling interest, individuals who wish to be considered for employment must agree to **PRE-PLACEMENT DRUG TESTING AND DRUG AND ALCOHOL TESTING DURING EMPLOYMENT.** 

By completing and signing this Notice and the attached Application of Employment, the applicant understands and agrees to submit to drug testing as a condition of our employment offer as well as to alcohol and drug testing during the course of employment as provided for in ProtoFab, Inc.'s Drug and Alcohol Policy. The applicant further understands and agrees to release ProtoFab, Inc. and its directors, officers, agents, employees, parents, subsidiaries and affiliated concerns from any and all liability, claims, demands, damages and causes of action of every kind and nature arising out of or resulting from or in connection with submitting to drug and alcohol testing and any decision concerning employment made by ProtoFab, Inc. in whole or in part, based upon the results of drug and alcohol testing. Submission of an altered or adulterated specimen or the substitution of a specimen by the applicant will result in a withdrawal of the employment offer.

# ANY APPLICANT WHO IS UNWILLING TO AGREE TO THESE CONDITIONS SHOULD NOT APPLY FOR EMPLOYMENT WITH PROTOFAB, INC.

Applicant's Signature

Date

## NOTICE TO APPLICANTS OSHA 10/30 Completion Card

ProtoFab, Inc has a vital interest in maintaining safe, healthful and efficient working conditions for its customers and employees.

To meet the requirements of AB148 enacted by the 2009 Nevada Legislature, and became mandatory effective January 1, 2010, ProtoFab, Inc. requires any employee wishing to be considered for employment within the field services division present an unexpired OSHA Completion Card; either 10-hour\* or 30-hour\*\* dependent upon position held. Any new hire in this division will present a valid card prior to the date of hire. Failure to do so will result in suspension and/or termination as required by AB148.

While this is only a requirement for the field services division, it is Highly Recommended a 10-hour card be obtained by any employee who wishes to be eligible to work overtime or weekend shut down schedules in the field division.

- \*10-hour card required for Fire Watch, Welder's Helper, Senior Field Estimator, subject to change without notice.
- \*\*30-hour card required for Millwright Field Foreman, Field Supervisor, and Field Manager, subject to change without notice.