



Seaberg Industries

AN EQUAL OPPORTUNITY EMPLOYER

APPLICATION FOR EMPLOYMENT

(PLEASE PRINT IN INK. YOU MUST COMPLETE ENTIRE QUESTIONNAIRE)

PERSONAL INFORMATION:

Today's Date: _____

Name _____
Last First Middle

Home Address _____
Street City State Zip

Home Phone Number _____ Are you 18 years or older? YES ☐ NO ☐

Are you either a U.S. citizen or an alien authorized to work in the United States? YES ☐ NO ☐

Do you now or will you in the future require sponsorship to work in the United States? YES ☐ NO ☐

EMPLOYMENT DESIRED:

Position _____ Date You Can Start _____ Salary Desired _____

Are you employed now? YES ☐ NO ☐ If so, may we inquire of your present employer? _____

*Ever applied here before? ☐ If yes, when _____

Referred by: Agency ☐ Walk-in ☐ Friend/Relative ☐
Newspaper ☐ School ☐ Other ☐

Have you ever worked for SEABERG INDUSTRIES or CRAWFORD COMPANY before? YES ☐ NO ☐

If yes, date of employment _____ Position while employed: _____

EDUCATION

	School Name & Location	Number of Year Attended	Did You Graduate	Subjects Studied
High School				
College				
Trade, Business or Correspondence				
Military	Branch	Years Served	Type of Discharge	Military Occupational Specialty/Job Title



GENERAL:

Subjects of special study or research work: _____

Special Skills: _____

Activities (Civic, Athletic, etc.): Exclude organizations, the name of which indicates race, religion, disability, sex, age, marital status, color or national origin.

FORMER EMPLOYERS:

	Date Month & Year	Name & Address of Employer	Salary	Position	Reason for Leaving
From:					
To:					
From:					
To:					
From:					
To:					
From:					
To:					

Have you ever been convicted of a felony or misdemeanor, excluding traffic offenses?

Yes ☐ No ☐

(If yes, please explain.) _____

(A conviction record will not necessarily be a bar to employment and factors such as age and time of offense, seriousness and nature of the violation and rehabilitation will be taken into account.)

Skill	Mark "X" for Yes	Years Experience	Type
Welding			
Weld Drawings			
Mechanical Assembly			
Mechanical Drawings			
GD&T			
Horizontal Boring Machine			
Vertical Boring Machine			
Programming			
Metal Saw			
Band Saw			
Planer Mill			
Forklift			
Drill Press			
Brake Press			
Blanchard Grinder			
CNC Controlled Machine			
Lathe			
Precision Measuring Equipment			
General Maintenance			
Fits and Tolerances			
ISO 9000 Standards			
Quality Systems			
Computer skills			

**REFERENCES:**

Give the names of three persons not related to you whom you have known at least one year.

Name	Address & Phone Number	Business	Years Acquainted

In case of emergency notify:

Name _____ Address _____

Phone _____

Please Read Carefully Before Signing This Form

1. All information contained in this application is true and correct to the best of my knowledge and belief. I understand that misrepresentations or omissions of any kind in this application or in any other manner may result in denial of employment or be cause for subsequent dismissal if I am hired.

2. I authorize the Company to investigate my responses on this application, and contact any or all of my former employers or any individuals familiar with me or my employment background for the purpose of verifying any information I have provided and/or for the purpose of obtaining any information, whether favorable or unfavorable, about my employment or me. I voluntary and knowingly fully release and hold harmless any person or organization that provides information pertaining to my employment or me.

3. In consideration of my employment, I agree to conform to the policies and procedures of the Company. I understand that in accepting this application, the Company is in no way obligated to provide me with employment, and I am not obligated to accept employment if offered. Regardless of whether or not I become employed by the Company, I recognize that this application is not and should not be considered a contract of employment. I understand that employment at the Company is on an at-will basis. My employment may, regardless of the date of payment of my wages and salary, be terminated with or without cause, and with or without notice, at any time, unless specifically provided otherwise in a written employment contract. I further understand that no Company employee or representative has the authority to enter into a contract regarding duration or terms and conditions of employment other than an officer or official of the Company, and, then, only by means of a signed, written document.

Date _____ Signature of Applicant _____