

Southern Perfection Fabrication Holdings, Inc.

Application for Employment

Our policy is to provide equal employment opportunity to all qualified persons without regard to race, creed, color, religious belief, sex, age, national origin, ancestry, physical or mental disability, or veteran status.

Date _____ Position applied for _____

Last Name _____ First Name _____ Middle Name _____

Street Address _____

City _____ State _____ Zip Code _____

Telephone _____ Cell Phone _____ Social Security # _____

How did you hear of this opening? _____

When can you start? _____ Desired Wage \$ _____

Are you a U.S. citizen or otherwise authorized to work in the U.S. on an unrestricted basis? (You may be required to provide documentation.) _____ Yes _____ No

Are you looking for full-time employment? _____ Yes _____ No

If no, what hours are you available? _____

Are you willing to work swing shift? _____ Yes _____ No

Are you willing to work graveyard? _____ Yes _____ No

Have you ever been convicted of a felony? (This will not necessarily affect your application.) _____ Yes _____ No

If yes, please describe conditions.

Education

School Name and Location	Year	Major	Degree
High School _____	_____	_____	_____
College _____	_____	_____	_____
College _____	_____	_____	_____
Post-College _____	_____	_____	_____
Other Training _____	_____	_____	_____

In addition to your work history, are there other skills, qualifications, or experience that we should consider?

Employment History (Start with most recent employer)

Company Name _____ Telephone _____

Date Started _____ Starting Wage _____ Starting Position _____

Date Ended _____ Ending Wage _____ Ending Position _____

Name of Supervisor _____ May we contact? _____ Yes _____ No

Responsibilities

Reason for Leaving _____

Company Name _____ Telephone _____

Date Started _____ Starting Wage _____ Starting Position _____

Date Ended _____ Ending Wage _____ Ending Position _____

Name of Supervisor _____ May we contact? _____ Yes _____ No

Responsibilities

Reason for Leaving _____

Company Name _____ Telephone _____

Date Started _____ Starting Wage _____ Starting Position _____

Date Ended _____ Ending Wage _____ Ending Position _____

Name of Supervisor _____ May we contact? _____ Yes _____ No

Responsibilities

Reason for Leaving _____

Additional information if necessary

I state that the facts set forth in this application for employment are true and complete to the best of my knowledge. I understand that if I am employed, false statements on this application shall be considered sufficient cause for dismissal. Southern Perfection Fabrication Holdings, Inc. is hereby authorized to make any investigations of my prior educational and employment history.

I understand that employment at Southern Perfection Fabrication Holdings, Inc. is "at will," which means that either I or Southern Perfection Fabrication Holdings, Inc. can terminate the employment relationship at any time, with or without prior notice and for any reason not prohibited by statute. All employment is continued on that basis. I understand that no supervisor, manager, or executive of this company, other than the president, has authority to alter the foregoing.

Signature _____ Date _____

Pre-Employment and active Employee Drug Testing Consent and Release Form

I hereby consent to submit to urinalysis and/or other tests as shall be determined by Southern Perfection Fabrication Holdings, Inc. in the selection process of applicants for employment, for the purpose of determining the drug content thereof. I understand that the duration of this consent is during the time which I am being considered for employment and, if selected, during in-processing to the company.

I agree that Hodac, Inc may collect these specimens for these tests and may test them or forward them to a testing laboratory designated for analysis.

I understand that it is the current use of illegal drugs that would prohibit me from being employed by Southern Perfection Fabrication Holdings, Inc.

I further agree to hold harmless Southern Perfection Fabrication Holdings, Inc. and its agents (including Hodac, Inc.) from any liability arising in whole or part, out of the collection of specimens, testing, and use of the information from said testing in connection with Southern Perfection Fabrication Holdings, Inc.

I understand that if hired and my performance indicates it is necessary, or in the case of random testing, I will also submit to a substance abuse test. I also understand that failure to comply with a substance abuse test request or a positive result may lead to termination of employment and denial of benefits. I understand that the duration of this consent is for as long as I am an employee of Southern Perfection Fabrication Holdings, Inc.

I further agree that a reproduced copy of this pre-employment consent and release form shall have the same force and effect as the original.

I have carefully read the foregoing and fully understand its contents. I acknowledge that my signing of this consent and release form is a voluntary act on my part and that I have not been coerced into signing this document by anyone.

Applicant

Print Name: _____

Social Security: _____

Signature: _____

Date: _____

Name: _____ Date: _____

Reading a Tape Measure

