

# BUILTWARE FABRICATION INC.

## EMPLOYMENT APPLICATION

BUILTWARE FABRICATION INC. IS AN EQUAL OPPORTUNITY EMPLOYER. EMPLOYMENT OFFERS ARE MADE ON THE BASIS OF QUALIFICATIONS, AND WITHOUT REGARD TO RACE, SEX, RELIGION, NATIONAL OR ETHNIC ORIGIN, DISABILITY, AGE, VETERAN STATUS OR SEXUAL ORIENTATION.

### PLEASE TYPE OR PRINT LEGIBLY

COMPLETE THE ENTIRE APPLICATION. YOU MAY ATTACH A RESUME IF DESIRED.

POSITION APPLYING FOR:	(NAME) FIRST, MIDDLE, LAST	ALIASES
CURRENT STREET ADDRESS:	CITY, STATE, ZIP	DIRECT PHONE #:
ARE YOU 18 YEARS OLD OR OLDER? <input type="checkbox"/> YES <input type="checkbox"/> NO	BIRTH DATE:	
HAVE YOU EVER BEEN EMPLOYED BY BUILTWARE FABRICATION INC? <input type="checkbox"/> YES <input type="checkbox"/> NO	ARE YOU RELATED TO ANY CURRENT OR PAST EMPLOYEES AT BUILTWARE FABRICATION INC? <input type="checkbox"/> YES <input type="checkbox"/> NO	IF "YES" PLEASE DESCRIBE RELATIONSHIP:
DO YOU HAVE A VALID CALIFORNIA DRIVER'S LICENSE? <input type="checkbox"/> YES <input type="checkbox"/> NO	IF YES PLEASE LIST YOUR LICENSE NUMBER:	

### EDUCATION

NAME OF SCHOOL	CITY/STATE	DID YOU GRADUATE?	YEAR GRADUATED
HIGH SCHOOL:		<input type="checkbox"/> YES <input type="checkbox"/> NO	
COLLEGE:		<input type="checkbox"/> YES <input type="checkbox"/> NO	
TRADE SCHOOL:		<input type="checkbox"/> YES <input type="checkbox"/> NO	
OTHER TRAINING:		<input type="checkbox"/> YES <input type="checkbox"/> NO	

### EQUIPMENT OPERATED

HAVE YOU OPERATED?	<input type="checkbox"/> YES <input type="checkbox"/> NO	PARTS MADE OR USE FOR EQUIPMENT
CNC CUTTING EQUIPMENT	<input type="checkbox"/> YES <input type="checkbox"/> NO	
CNC MACHINING EQUIPMENT	<input type="checkbox"/> YES <input type="checkbox"/> NO	
CNC BRAKE	<input type="checkbox"/> YES <input type="checkbox"/> NO	
HYDRAULIC SHEAR	<input type="checkbox"/> YES <input type="checkbox"/> NO	
HYDRAULIC IRONWORKER	<input type="checkbox"/> YES <input type="checkbox"/> NO	
WAREHOUSE FORKLIFTS	<input type="checkbox"/> YES <input type="checkbox"/> NO	
REACH FORKLIFTS	<input type="checkbox"/> YES <input type="checkbox"/> NO	
CRANES	<input type="checkbox"/> YES <input type="checkbox"/> NO	
OVERHEAD CRANES	<input type="checkbox"/> YES <input type="checkbox"/> NO	

PLEASE LIST OTHER EQUIPMENT EXPERIENCE IF ANY.

PLEASE INDICATE IF YOU ARE FAMILIAR WITH THE FOLLOWING  
WELDING PROCESSES

WELDING PROCESS OR TYPE	ARE YOU CERTIFIED	PARTS MADE USING PROCESS
FCAW (FLUX CORED WIRE FEED WELDING)	<input type="checkbox"/> YES <input type="checkbox"/> NO	
SMAW (STICK WELDING)	<input type="checkbox"/> YES <input type="checkbox"/> NO	
GMAW (WIRE FEED WELDING)	<input type="checkbox"/> YES <input type="checkbox"/> NO	
TIG (GAS TUNGSTEN ARC WELDING)	<input type="checkbox"/> YES <input type="checkbox"/> NO	
AUTOMATED WELDING	<input type="checkbox"/> YES <input type="checkbox"/> NO	
NR 232 WIRE	<input type="checkbox"/> YES <input type="checkbox"/> NO	
DUAL SHIELD WIRE	<input type="checkbox"/> YES <input type="checkbox"/> NO	
STAINLESS TIG WELDING	<input type="checkbox"/> YES <input type="checkbox"/> NO	
ALUMINUM TIG WELDING	<input type="checkbox"/> YES <input type="checkbox"/> NO	

PLEASE INDICATE IF YOU ARE PROFICIENT WITH ANY OF THE  
FOLLOWING TASKS

OPERATING COMPUTER SOFTWARE, (IF YES PLEASE LIST SOFTWARE YOU ARE FAMILIAR WITH)	<input type="checkbox"/> YES <input type="checkbox"/> NO	LIST SOFTWARE HERE

<p><b>READING PLANS AND SHOP DRAWINGS</b></p>	<p><input type="checkbox"/> <b>YES</b>    <input type="checkbox"/> <b>NO</b></p>	<p><b>LIST TYPES OF DRAWINGS YOU ARE FAMILIAR WITH</b></p>
<p><b>PROJECT MANAGEMENT</b></p>	<p><input type="checkbox"/> <b>YES</b>    <input type="checkbox"/> <b>NO</b></p>	<p><b>LIST DUTIES PERFORMED THAT INCLUDE PROJECT MANAGEMENT</b></p>
<p><b>PERSONNEL MANAGEMENT</b></p>	<p><input type="checkbox"/> <b>YES</b>    <input type="checkbox"/> <b>NO</b></p>	<p><b>LIST THE NUMBER OF EMPLOYEES YOU MANAGED AND DUTIES PERFORMED DURING MANAGEMENT</b></p>

**PLEASE LIST ANY MEDICAL LIMITATIONS YOU HAVE THAT WOULD PREVENT YOU FROM WORKING AROUND OR PERFORMING THE FOLLOWING:**

- **ELECTRICALLY ENERGIZED WELDING EQUIPMENT**
  - **DUST OR SMOKE**
  - **LIFTING OBJECTS OVER 75#**
- **STANDING FOR EXTENDED PERIODS OF TIME**
  - **EYESIGHT LIMITATIONS**
  - **HEARING LIMITATIONS**
- **ANY OTHER PHYSICAL OR MENTAL LIMITATIONS THAT MAY LIMIT YOUR ABILITY TO SAFELY WORK AROUND HEAVY EQUIPMENT**

**PLEASE LIST YOU PAST 3 EMPLOYERS AND REFERENCES**

<b>COMPANY NAME</b>	<b>REFERENCE NAME &amp; PHONE NUMBER</b>	<b>YEARS WORKED AT (EXAMPLE 1/1/17-2/4/19)</b>

THE INFORMATION PROVIDED ABOVE IS TO ENSURE YOUR SAFETY AND THE SAFETY OF OTHERS THAT MAY BE WORKING AROUND YOU AT BUILTWARE FABRICATION INC. BUILTWARE FABRICATION INC. DOES NOT DISCRIMINATE FOR ANY REASON INCLUDING HEALTH AND METAL STATE DURING ITS' HIRING PROCEDURE. THE INFORMATION YOU HAVE PROVIDED IN THIS APPLICATION WILL REMAIN CONFIDENTIAL AND IS ONLY USED TO DETERMINE IF YOU CAN COMPETENTLY AND SAFELY COMPLETE THE REQUIRED DUTIES. BUILTWARE FABRICATION INC. MAY AT ITS' DISCRETION PERFORM A BACKGROUND CHECK OR REQUIRE DRUG SCREENING PRIOR TO OFFERING JOB OPPORTUNITIES. BY SIGNING BELOW YOU ARE ACKNOWLEDGING THE AFOREMENTIONED AND APPROVE BUILTWARE FABRICATION INC. TO PERFORM ALL REQUIRED BACKGROUND AND PREVIOUS EMPLOYMENT VERIFICATIONS.

SIGN HERE \_\_\_\_\_ DATE \_\_\_\_\_