



**EASTERN
OKLAHOMA
FABRICATION**

An Equal Opportunity Employer

Application For Employment

Full Name:

First

Middle

Last

Present Address:

Street

City

State

Zip

Telephone:

Residence (landline)

Cell Phone

Alternate Phone

Email Address:

Eastern Oklahoma Fabrication

27355 OK-112

Cameron, OK 74932

PH: 918-654-7344

Fax: 918-674-5012

eastokfab.com

info@eastokfab.com

GENERAL INFORMATION	
Name:	Social Security Number: - -
Date of application:	Salary desired: \$
Type of work desired:	When could you start work?
Types of office machines, software, or tools you operate:	Have you previously been employed by this Company? <input type="checkbox"/> No <input type="checkbox"/> Yes, when?
Do you have relatives or do you know someone working with this company? <input type="checkbox"/> No <input type="checkbox"/> Yes, whom? _____	Have you ever been convicted of, or pled guilty to any crime? <input type="checkbox"/> No <input type="checkbox"/> Yes, explain below: _____ _____
May we contact your current employer for references? <input type="checkbox"/> No <input type="checkbox"/> Yes, when? _____	
Can you pass a drug screen? <input type="checkbox"/> No <input type="checkbox"/> Yes	Describe your driving record. _____ _____
Are you a permanent resident? <input type="checkbox"/> No <input type="checkbox"/> Yes If No, please provide status: _____	

EDUCATIONAL BACKGROUND					
Indicate number of years completed: High school _____ Bachelor's _____ Master's _____ PhD _____					
Start with most recent school attended.					
A. School B. Location	Dates Attended From To		Courses or Major Subject	Diploma or Degree	Grade or GPA
A. _____ B. _____					
A. _____ B. _____					
A. _____ B. _____					
If college, please provide copy of transcripts upon interviewing.					

ADDITIONAL EDUCATIONAL INFORMATION	
List any other special vocational skills or training completed.	

WORK HISTORY

List all employers including military beginning with most recent or current employer (Please list position separately if you have held more than one position in the same company).

1.	Employer:	From:	To:	Salary
	Address:			<input type="checkbox"/> Full time <input type="checkbox"/> Part time
	City:	State:	Zip:	
	Position Held:			
	Summary of Duties:			
	Supervisor:	Reason for leaving:		
	Please list name, title and address of person(s) to contact:			
	1.	Phone:		
2.	Employer:	From:	To:	Salary
	Address:			<input type="checkbox"/> Full time <input type="checkbox"/> Part time
	City:	State:	Zip:	
	Position Held:			
	Summary of Duties:			
	Supervisor:	Reason for leaving:		
	Please list name, title and address of person(s) to contact:			
	1.	Phone:		
3.	Employer:	From:	To:	Salary
	Address:			<input type="checkbox"/> Full time <input type="checkbox"/> Part time
	City:	State:	Zip:	
	Position Held:			
	Summary of Duties:			
	Supervisor:	Reason for leaving:		
	Please list name, title and address of person(s) to contact:			
	1.	Phone:		
4.	Employer:	From:	To:	Salary
	Address:			<input type="checkbox"/> Full time <input type="checkbox"/> Part time
	City:	State:	Zip:	
	Position Held:			
	Summary of Duties:			
	Supervisor:	Reason for leaving:		
	Please list name, title and address of person(s) to contact:			
	1.	Phone:		

EMERGENCY NOTIFICATION

In case of accident or emergency, notify: _____
Name

Address Phone

CERTIFICATION

I certify that the foregoing statements and answers are true and I authorize the companies and persons shown to give Eastern Oklahoma Fabrication, including any of its subsidiary corporations or divisions (hereafter called the "Corporation") any information they may have regarding me. I authorize the schools that I have attended to supply transcripts of my grades to the Corporation. I release said companies, schools, and/or persons from any damages or claims for furnishing said information. I understand that for certain positions I may be required to submit to a background check and/or a credit check, physical examination, including a drug test. I agree to submit to the examination, background and/or credit check following a conditional offer of employment, and I am aware that I must pass it satisfactorily in order to have employment with the corporation.

I understand that any misrepresentation on this application will be cause for immediate dismissal.

Signed _____
(Applicant Signature) (Date)

(Witnessed by) (Date)

DO NOT WRITE IN THIS SPACE

Interviewed by: _____ Date: _____

Recommendation: _____

AUTHORIZATION TO RELEASE INFORMATION

(Please read the following information before signing and submitting this authorization.)

In consideration of Company's acceptance and review of my employment application, (including contract for services), I agree to the following:

I authorize Company to investigate my background and to gather any and all information which it finds relevant in considering my application for employment. I authorize investigative background inquiries including, but not limited to, criminal convictions, motor vehicle reports, employment history reports, credit reports, and other reports. I understand that these reports will include information as to my character, work habits, performance, experiences, education, and reasons for termination from past employment. I understand and authorize that Company may request this information from various federal, state, county, or other public or private sources which maintain records concerning my past activities related to my driving, criminal, credit, civil, or other experiences.

I also authorize Company to request information from any public agency, employer, or insurance company which maintains records concerning my past Workers' Compensation experience or claims. I understand that such Workers' Compensation information will only be obtained after an offer of employment has been extended to me.

I authorize Company to contract with any party or agency to furnish/collect the information set forth above.

I consent to Company or its agent obtaining the above information, and I release and forever discharge Company, its agents and any other party, person, or corporation supplying the foregoing information from any and all liability or responsibility in connection with supplying and/or gathering the foregoing information. I further release Company and all other parties from any claims, damages, losses, liabilities, costs, and expenses, or any other charge or complaint filed with any agency, court, or administrative body arising from the retrieving, reporting, and use of this information.

I have read the above and understand the same.

Print Name:	Maiden Name:
Current Address:	City, State, Zip:
Social Security Number:	Telephone Number:
Driver's License Number:	State License Issued:
Applicant's Signature:	Date:

The following information is needed solely for a criminal and/or driving-record-check;

Race _____ Sex _____ Date of Birth _____

To Applicant: Federal and state law protects you from discrimination in employment on the basis of age, sex, and minority status. This employer is an Equal Opportunity Employer and intends to comply fully with those laws. This information is being requested solely for purposes of a criminal and/or driving record check.