



ASRC INDUSTRIAL COMPANIES

## Craft Application for Employment

HR-FRM

### Applicant Information

Name: \_\_\_\_\_ Date: \_\_\_\_\_

Email: \_\_\_\_\_ Phone: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

### Hiring Process

Generally, F. D. Thomas, Inc., and its subsidiaries (FDT) follows the five-step hiring process:

1. Complete Application. We check your qualifications, past employers, references & our job availability.
2. You submit to a drug and alcohol test. All tests are at our expense. The following steps are not completed until we receive negative drug test results.
3. For jobs that require a respirator, your Medical Evaluation Questionnaire is reviewed by a medical provider to determine whether you need a pulmonary test; if yes, you submit to a pulmonary test and a respirator fit test.
4. You then go through the FDT New Hire Basic Safety Training & Complete the remainder of the New Hire Paperwork.

You then go to work and agree to abide by all laws and company policies.

### Status

Do you have a valid driver's license? ☐ No ☐ Yes Driver's License #: \_\_\_\_\_ State: \_\_\_\_\_ Expiration Date: \_\_\_\_\_

Position you are applying for: \_\_\_\_\_

When are you available for work? \_\_\_\_\_

Are you currently a member of the union? ☐ No ☐ Yes Union: \_\_\_\_\_ Local: \_\_\_\_\_ Status: \_\_\_\_\_

Can you travel out of town to work? ☐ No ☐ Yes

Are you currently employed? ☐ No ☐ Yes

Are you at least 18 years of age: No Yes

Are you legally allowed to work in the United States? ☐ No ☐ Yes (*Proof of citizenship or work authorization required*)

Is there any reason that will make it difficult for you to work a shift other than day shift, overtime or weekends? ☐ No ☐ Yes

If yes, please explain: \_\_\_\_\_

### Experience

### Education

High School: \_\_\_\_\_ Grade Completed: ☐ None ☐ 10 ☐ 11 ☐ 12

College: \_\_\_\_\_ Years Completed: ☐ None ☐ 1 ☐ 2 ☐ 3 ☐ 4

Trade School or Special Training: \_\_\_\_\_



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### Employment History

Employer: \_\_\_\_\_ From: \_\_\_\_\_ To: \_\_\_\_\_

Reason for Leaving: \_\_\_\_\_

Contact: \_\_\_\_\_ Phone/Email: \_\_\_\_\_

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Reason for Leaving: \_\_\_\_\_

Contact: \_\_\_\_\_ Phone/Email: \_\_\_\_\_

### References

Reference No 1: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_ Years Known: \_\_\_\_\_

Reference No 2: \_\_\_\_\_ Phone #: \_\_\_\_\_

Address: \_\_\_\_\_ Years Known: \_\_\_\_\_

### Notice

- At any time, with or without notice, you may be terminated with or without cause. There is not a promise that you will be employed for a set period of time. **We are an employment-at-will employer.**
- Your assignment to a job site prior to receiving drug & alcohol test results does not mean you are hired. We reserve the right to deviate from this general procedure.
- We are an equal opportunity employer. Qualified applicants are considered for all positions without regard to race, color, religion, gender, sex, national origin, age, sexual preference, marital or veteran status, or the presence of a medical condition or handicap or any other protected class.

### Authorization

I authorize the companies, organizations, employers, schools, persons, or entities listed on this employment application to give any information regarding my employment, character, qualifications, certifications and licenses and verify all dates and facts. I hereby release said companies, organizations, employers, schools, persons, or entities from all liability for any damage for issuing this information.

*I authorize investigation of **all** statements contained in this application to include (but not limited to) verification of present and previous employment and personal references. **I understand that misrepresentation or omission of facts can lead to refusal to hire or discharge at any point.** Further, I understand and agree that my employment is for no definite period and may, regardless of the date of payment of wages, be terminated at any time without any previous notice. Upon acceptance of employment with this company, I understand and agree that I will be required to take a Physical Examination and a Pre-Employment Drug Test.*

Applicant Signature: \_\_\_\_\_ Date: \_\_\_\_\_