



Employment Application

3460 Grant Drive
 Lebanon, OH 45036
 513.696.4430

PERSONAL INFORMATION			
NAME (LAST, FIRST, MI)		DATE	
ADDRESS		CITY, STATE	ZIP
PHONE NUMBER		EMAIL	
POSITION APPLYING FOR?	WHAT PAY RATE ARE YOU LOOKING TO MAKE?	HOW DID YOU HEAR ABOUT THE POSITION?	
POSITION SPECIFICATIONS AND WORK CERTIFICATIONS			
ARE YOU LEGALLY ELIGIBLE FOR EMPLOYMENT IN THE UNITED STATES?		DO YOU HAVE A VALID DRIVER'S LICENSE?	
YES: _____ No: _____		YES: _____ No: _____	
IF YOU ARE NOT A US CITIZEN, ENTER THE TYPE OF VISA AND NUMBER VERIFYING YOUR RIGHT TO WORK IN THE UNITED STATES		DRIVER'S LICENSE NUMBER	STATE ISSUING
TYPE: _____		ARE YOU OF LEGAL AGE TO WORK?	STATE ID OR DL OR ISSUING STATE/AUTHORITY
VISA#: _____		YES: _____	
VERIFIED BY: _____		NO: _____	
CAN YOU PERFORM ALL OF THE PHYSICAL AND MENTAL TASK OF THE JOB FOR WHICH YOU ARE APPLYING? (YOU MAY BE REQUESTED TO PERFORM A DEMONSTRATION) IF NO, PLEASE EXPLAIN.			
YES: _____			
NO: _____			
DO YOU CURRENTLY USE ANY CONTROLLED SUBSTANCES, NOT PRESCRIBED BY YOUR PHYSICIAN?		PLEASE LIST THE NUMBER OF YEARS EXPERIENCE WITH WELDING AND TYPE:	
YES: _____ No: _____		PLEASE LIST THE NUMBER OF YEARS EXPERIENCE WITH WELDING AND TYPE:	
CAN YOU READ BLUEPRINTS?		FABRICATE FROM BLUEPRINTS?	
YES: _____ No: _____		YES: _____ No: _____	



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EMPLOYER AND WORK HISTORY (PLEASE LIST YOUR MOST RECENT JOB FIRST)		
COMPANY NAME	FROM (MONTH & YEAR)	TO (MONTH & YEAR)
ADDRESS	CITY, STATE	ZIP
SUPERVISOR NAME		SUPERVISOR PHONE NUMBER
WORK PERFORMED	TYPE OF BUSINESS?	
STARTING AND ENDING PAY:		REASON FOR LEAVING?
STARTING: _____		
ENDING: _____		
MAY WE CONTACT YOUR CURRENT EMPLOYER?		YES: _____ NO: _____
PLEASE DESCRIBE YOUR DUTIES AND PROMOTIONS AND ANY OTHER EXPERIENCE YOU HAD DURING THIS EMPLOYMENT YOU MAY FEEL MIGHT BE RELEVANT TO THE POSITION YOU ARE APPLYING FOR:		
COMPANY NAME	FROM (MONTH & YEAR)	TO (MONTH & YEAR)
ADDRESS	CITY, STATE	ZIP
SUPERVISOR NAME		SUPERVISOR PHONE NUMBER
WORK PERFORMED	TYPE OF BUSINESS?	
STARTING AND ENDING PAY:		REASON FOR LEAVING?
STARTING: _____		
ENDING: _____		
PLEASE DESCRIBE YOUR DUTIES AND PROMOTIONS AND ANY OTHER EXPERIENCE YOU HAD DURING THIS EMPLOYMENT YOU MAY FEEL MIGHT BE RELEVANT TO THE POSITION YOU ARE APPLYING FOR:		



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SUPERVISOR NAME	SUPERVISOR PHONE NUMBER	
WORK PERFORMED	TYPE OF BUSINESS?	
STARTING AND ENDING PAY:	REASON FOR LEAVING?	
STARTING: _____ ENDING: _____		
PLEASE DESCRIBE YOUR DUTIES AND PROMOTIONS AND ANY OTHER EXPERIENCE YOU HAD DURING THIS EMPLOYMENT YOU MAY FEEL MIGHT BE RELEVANT TO THE POSITION YOU ARE APPLYING FOR:		

If you need another page for Job History/Employment – please request so.



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IF THERE IS A PARTICULAR EMPLOYER(S) LISTED THAT YOU DO NOT WISH US TO CONTACT, PLEASE LIST BELOW, AND PLEASE INDICATE WHY THIS IS YOUR PREFERENCE.

MILITARY SERVICE

WERE/ARE YOU A MEMBER OF THE UNITED STATES ARMED FORCES? OR RESERVE? IF YES, WHAT BRANCH? PLEASE LIST RELEVANT TRAINING AND EXPERIENCE?

EDUCATION

HIGH SCHOOL	LAST YEAR COMPLETED (9, 10, 11, 12)	DID YOU GRADUATE/GED?
TECHNICAL OR TRADE SCHOOL	NUMBER OF YEARS	CERTIFICATES/DEGREES
COLLEGE	LAST YEAR COMPLETED (1, 2, 3, 4)	DID YOU GRADUATE?

AGAIN, PLEASE INCLUDE ANY SKILLS, SPECIAL TRAINING, OR EXPERIENCE YOU HAVE HAD THAT YOU FEEL MAY BE HELPFUL TO THIS POSITION YOU ARE APPLYING FOR:

MECHANICAL EXPERIENCE?

REFERENCES (PLEASE DO NOT LIST RELATIVES)

NAME AND OCCUPATION	YEARS KNOWN
PHONE NUMBER	ADDRESS
NAME AND OCCUPATION	YEARS KNOWN
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PHONE NUMBER	ADDRESS



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EEO Data Form

Fecon is an EEO employer. We treat all applicants and employees without regard to race, creed, color, national origin, religion, age, sex, marital, disability, veteran or any other protected status required by law. As part of our commitment to equal opportunity, we comply with federal, state and local laws, regulations and ordinances. To satisfy Affirmative Action and government reporting requirements, we must attempt to collect data for classification of applicants by sex, ethnicity and other protected status.

Please fill out the section listing your name, address and telephone. Also tell us how you discovered our potential job opening. The questions in the box at the bottom of this page are entirely voluntary. If you choose to supply this information, it will be considered confidential and used only to satisfy government requirements. If you choose not to fill out this part, it will not affect any hiring or employment decisions.

(Print Only)

Name:

Last

First

Middle

Address:

Number

Street

City

State

Zip

Telephone:

Daytime Number

Evening Number

Other Number

HOW DID YOU HEAR ABOUT US:

(Company Name) Employee

Walk-In

Advertisement

Employment Agency

Friend/Relative

Government Agency

Other – Please Explain _____

Social Security Number: _____

VOLUNTARY INFORMATION SECTION

Sex:

Male

Female

Veteran Status:

Yes

No

Race/Ethnicity – Check One:

Hispanic or Latino

Other Than Hispanic or Latino

If Non-Hispanic or Latino, Check One:

Black or African American

American Indian/Alaskan Native

White

Native Hawaiian/Pacific Islander

Asian

Two or More Races

THANK YOU FOR COMPLETING THIS FORM. PLEASE RETURN IT WITH YOUR FINISHED APPLICATION.



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*******Please Read Carefully before SIGNING*******

I understand that the facts I have set forth in this application are true and complete.

I understand that if employed, Fecon, Inc. reserves the right upon revelation of any false statements supplied herein, to request my immediate dismissal, and to vacate the premises immediately. Neither verbal nor written warning, need be given. I further understand that this application is not, and is not intended to be a contract of employment, nor does this application obligate the employer in any way if the employer does/does not decide to employ me.

I understand and agree that my employment is “**At Will**” and can be terminated by either party, at any time, without notice, for any reason or no reason at all, without incurring a penalty.

I understand that completing this application does not guarantee employment at Fecon, Inc.

No one other than an Officer of Fecon, Inc. has the authority to enter into any agreement (written or verbal) for employment for any specified period of time or to make any agreement contrary to the foregoing and then only in writing signed by an Officer of Fecon, Inc.

- Our company policy prohibits discrimination in employment based upon race, color, religion, sex, national origin, physical handicap, or age with respect to individuals who are at least 18 years of age with the legal right to work in the United States.
- As part of this application for employment I understand that questions asked in this application for employment abide by these laws of the United States and that they are in direct relation to my ability to perform the functions of the job for which I am applying.
- I authorize Fecon, Inc. to investigate the history of employment I have supplied on all pages of this application as well as personal references, my personal character, and conduct, and to keep and preserve such records, for as long as the laws governing the State of Ohio allow.
- I understand that Fecon, Inc. may do a drug screen, background, driving record, or credit check into my personal history as it pertains to the position I am applying for in its relation in any way, shape or form. I authorize the aforementioned testing and the use of its results and understand that it will become the sole property of Fecon, Inc.

Examples of this Incidence are listed below:

Driving Records Check-Driving or operating any type of machinery or vehicle in any form, for any reason on company time, property or for a company paid function, or any event or time that will be reimbursed in any way shape or form by Fecon, Inc.

Credit Checks-Handling of company finances in any way, shape or form, or company property of value. If for any reason you are denied employment by Fecon, Inc. for credit history, you will be notified of this decision and you will be given a copy of the report, and you have the right to challenge the report under the FCRA. (Fair Credit Reporting Act)

Background Checks- For criminal activity in relation to the misuse or misappropriation of company funds, product, or property or anything belonging to the company of value.

Drug Screen- As part of our interviewing process you may be required to submit to a urine, blood or hair strand, drug screen.

*The Civil Rights Act of 1964 prohibits discrimination in employment because of race, color, creed, religion, sex, or national origin. Federal law also prohibits other types of discrimination such as age and citizenship. The laws of most states also prohibit some or all of the above mentioned discrimination as well as some additional ones, based upon ancestry, marital status or physical or mental handicap or disability.

Questions asked or requests of authorization, in this application abide by these laws in that they are directly related to your ability to perform the functions of the job for which you are applying.

Signed _____ **Date:** _____