



85435 Middleton St, Thermal, CA 92274

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Email: employment@spates.com

Employment Application

Please Answer All Questions. Résumés Are Not A Substitute For A Completed Application.

We are an equal opportunity employer. Applicants are considered for positions without regard to veteran status, uniformed service member status, race, color, religion, sex, national origin, age, physical or mental disability, genetic information or any other category protected by applicable federal, state, or local laws.

GENERAL INFORMATION

Name (Last)		(First)			Cell Phone Number () -	
Address (Mailing Address)		(City)	(State)	(Zip)	Other Telephone () -	
E-mail Address				Are you legally entitled to work in the U.S.? Yes No		
Driver License #	State	Class	Social Security #		Are you over 18 year old? Yes No	
Have you ever applied Spates Fabricators?	Yes No	Have you worked for Spates Fabricator?	Yes No	If Yes, Date: / / Position:		
State names of Friends and/or Relatives who currently work or have worked for Spates Fabricators, Inc.:						

POSITION

Position or Type of Employment Desired?		Are you available to work on the night shift?	If asked, are you willing to work overtime?
Are you able to perform the essential functions of the job you are applying for, with or without reasonable accommodation? Yes No		YES NO	YES NO
Salary Desired?		Date Available?	
How did you hear about us?			

EDUCATION

School	Name and Location of School	Years	Did you Graduate
Graduate			YES NO
College			YES NO
High School			YES NO
Elementary			YES NO

SPECIAL SKILLS (List all pertinent skills and equipment that you can operate)

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WORK EXPERIENCE (Most Recent First)

Employer	Telephone Number () -	From (Month/Year)
Address		
Job Title	Type of Business	To (Month/Year)
Specific Duties		Hours Per Week
		Supervisor
May We Contact This Employer? Yes No		
Reason For Leaving		

Employer	Telephone Number () -	From (Month/Year)
Address		
Job Title	Type of Business	To (Month/Year)
Specific Duties		Hours Per Week
		Supervisor
May We Contact This Employer? Yes No		
Reason For Leaving		

Employer	Telephone Number () -	From (Month/Year)
Address		
Job Title	Type of Business	To (Month/Year)
Specific Duties		Hours Per Week
		Supervisor
May We Contact This Employer? Yes No		
Reason For Leaving		

WORK EXPERIENCE (Continue)

Employer	Telephone Number () -	From (Month/Year)
Address		
Job Title	Type of Business	To (Month/Year)
Specific Duties		Hours Per Week
		Supervisor
May We Contact This Employer? Yes No		
Reason For Leaving		

WORK REFERENCE

Please list names of additional work-related reference we may contact.

Name	
Position	Company
Email	Telephone

Name	
Position	Company
Email	Telephone

PERSONAL REFERENCE

Please list names of personal reference (not previous employers or relatives) who know you well that we may contact.

Name	
Occupation	Number of Years Known
Email	Telephone

Name	
Occupation	Number of Years Known
Email	Telephone

APPLICANT CERTIFICATION

I understand and agree that if driving is a requirement of the job for which I am applying, my employment and/or continued employment is contingent on possessing a valid driver's license for the state in which I reside and automobile liability insurance in an amount equal to the minimum required by the state where I reside.

I understand that Spates Fabricators may now have, or may establish, a drug-free workplace or drug and/or alcohol testing program consistent with applicable federal, state, and local law. If Spates Fabricators has such a program and I am offered a conditional offer of employment, I understand that if a pre-employment (post-offer) drug and/or alcohol test is positive, the employment offer may be withdrawn. I agree to work under the conditions requiring a drug-free workplace, consistent with applicable federal, state, and local law. I also understand that all employees of the location, pursuant to the Company's policy and federal, state, and local law, may be subject to urinalysis and/or blood screening or other medically recognized tests designed to detect the presence of alcohol or illegal or controlled drugs. If employed, I understand that the taking of alcohol and/or drug tests is a condition of continual employment and I agree to undergo alcohol and drug testing consistent with the Company's policies and applicable federal, state, and local law.

If employed by Spates Fabricators, I understand and agree that Spates Fabricators, to the extent permitted by federal, state, and local law, may exercise its right, without prior warning or notice, to conduct investigations of property (including, but not limited to, files, lockers, desks, vehicles, and computers) and, in certain circumstances, my personal property.

I understand and agree that as a condition of employment and to the extent permitted by federal, state, and local law, I may be required to sign a confidentiality, restrictive covenant, and/or conflict of interest statement.

I certify that all the information on this application, my résumé, or any supporting documents I may present during any interview is and will be complete and accurate to the best of my knowledge. I understand that any falsification, misrepresentation, or omission of any information may result in disqualification from consideration for employment or, if employed, disciplinary action, up to and including immediate dismissal.

THIS COMPANY IS AN AT-WILL EMPLOYER AS ALLOWED BY APPLICABLE STATE LAW. THIS MEANS THAT REGARDLESS OF ANY PROVISION IN THIS APPLICATION, IF HIRED, SPATES FABRICATORS OR I MAY TERMINATE THE EMPLOYMENT RELATIONSHIP AT ANY TIME, FOR ANY REASON, WITH OR WITHOUT CAUSE OR NOTICE. NOTHING IN THIS APPLICATION OR IN ANY DOCUMENT OR STATEMENT, WRITTEN OR ORAL, SHALL LIMIT THE RIGHT TO TERMINATE EMPLOYMENT AT-WILL. NO OFFICER, EMPLOYEE OR REPRESENTATIVE OF SPATES FABRICATORS IS AUTHORIZED TO ENTER INTO AN AGREEMENT—EXPRESS OR IMPLIED—WITH ME OR ANY APPLICANT FOR EMPLOYMENT FOR A SPECIFIED PERIOD OF TIME UNLESS SUCH AN AGREEMENT IS IN A WRITTEN CONTRACT SIGNED BY THE GENERAL MANAGER OF SPATES FABRICATORS.

IF HIRED, I AGREE TO CONFORM TO THE RULES AND REGULATIONS OF SPATES FABRICATORS, AND I UNDERSTAND THAT SPATES FABRICATORS HAS COMPLETE DISCRETION TO MODIFY SUCH RULES AND REGULATIONS AT ANY TIME, EXCEPT THAT IT WILL NOT MODIFY ITS POLICY OF EMPLOYMENT AT-WILL.

I authorize Spates Fabricators, or its agents, to confirm all statements contained in this application and/or résumé as it relates to the position I am seeking to the extent permitted by federal, state, or local law. I agree to complete any requisite authorization forms for the background investigation which may be permitted by federal, state and/or local law. If applicable and allowed by law, I will receive separate written notification regarding Spates Fabricators' intent to obtain "consumer reports."

I authorize and consent to, without reservation, any party or agency contacted by this employer to furnish the abovementioned information. I hereby release, discharge, and hold harmless, to the extent permitted by federal, state, and local law, any party delivering information to Spates Fabricators or its duly authorized representative pursuant to this authorization from any liability, claims, charges, or causes of action which I may have as a result of the delivery or disclosure of the above requested information. I hereby release from liability Spates Fabricators and its representative for seeking such information and all other persons, corporations, or organizations furnishing such information. Further, if hired, I authorize Spates Fabricators to provide truthful information concerning my employment to future employers and hold Spates Fabricators harmless for providing such information.

If hired by this Company, I understand that I will be required to provide genuine documentation establishing my identity and eligibility to be legally employed in the United States by this Company. I also understand this Company employs only individuals who are legally eligible to work in the United States.

THIS APPLICATION WILL BE CONSIDERED ACTIVE FOR A MAXIMUM OF SIXTY (60) DAYS. IF YOU WISH TO BE CONSIDERED FOR EMPLOYMENT AFTER THAT TIME, YOU MUST REAPPLY.

I CERTIFY THAT ALL OF THE INFORMATION THAT I HAVE PROVIDED ON THIS APPLICATION IS TRUE, ACCURATE, AND COMPLETE.

DO NOT SIGN UNTIL YOU HAVE READ ALL OF THE INFORMATION CONTAINED IN THE APPLICATION.

Applicant Signature _____

Date _____