

Ben's Structural Fabrication, Inc.  
475 Progress Road  
Waite Park, MN 56387  
(320) 251-8563

PLEASE READ BEFORE COMPLETING APPLICATION

All applicants and employees are considered for employment, development, advancement, and earnings based upon their skills, performance, and potential without regard to race, color, creed, religion, sex, national origin, age, or marital status.

STATEMENT OF ACCURACY

I understand that the information I provide in this application must be complete and accurate to the best of my knowledge. I realize that falsification of information may jeopardize my employment now or in the future. Ben's Structural Fabrication, Inc. or its agents may seek to verify this information and may make inquiries by securing outside information concerning my character, general reputation, and personal characteristics. I further understand that if this information results in my being dismissed, the nature and scope of these findings will be supplied to me upon my written request.

Signature \_\_\_\_\_ Date \_\_\_\_\_

**PERSONAL DATA:** – Please print in ink

Name: \_\_\_\_\_ Social Security Number: \_\_\_\_\_

Are you at least 18 years of age or older? Yes: \_\_\_\_\_ No: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Address: \_\_\_\_\_

Position Desired: \_\_\_\_\_ Employment Desired: Full Time \_\_\_\_\_ Part Time \_\_\_\_\_

Date Available: \_\_\_\_\_ Days/Hours Available for work: \_\_\_\_\_

No Preference: \_\_\_\_\_ Thurs: \_\_\_\_\_

Salary Desired: \_\_\_\_\_ Mon: \_\_\_\_\_ Fri: \_\_\_\_\_

Tues: \_\_\_\_\_ Sat: \_\_\_\_\_

Wed: \_\_\_\_\_ Sun: \_\_\_\_\_

If hired, do you have adequate and reliable transportation to and from work? Yes: \_\_\_\_\_ No: \_\_\_\_\_

Have you been employed by Ben's Structural Fabrication, Inc. or any other welding shops?

Yes \_\_\_\_\_ Dates: \_\_\_\_\_ No \_\_\_\_\_

**SOURCE:**

How were you referred?

U.S. Military Service (Branch)      Final Rank      Date Entered      Date Discharged

Are you eligible to work in the United States? Yes: \_\_\_\_\_ No: \_\_\_\_\_

Service Schools or Special Experience

**EDUCATION:**

High School Name      City, State      Major Course of Study      Graduation Date

College

Trade School

**EMPLOYMENT:** (Please list all employers starting with present)

1) Firm Name:      Address:      Phone:      Dates Employed:

Position:      Earnings:      Supervisor:

Reason for Leaving:

2) Firm Name:      Address:      Phone:      Dates Employed:

Position:      Earnings:      Supervisor:

Reason for Leaving:

3) Firm Name:      Address:      Phone:      Dates Employed:

Position:      Earnings:      Supervisor:

Reason for Leaving:

4) Firm Name:                      Address:                      Phone:                      Dates Employed:  
Position:                      Earnings:                      Supervisor:  
Reason for Leaving:

ADDITIONAL EXPERIENCE

Please list any additional experiences you feel bear upon your skills or professional development.

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May we contact your current employer? Yes: \_\_\_\_\_ No: \_\_\_\_\_

REFERENCES: (Other than relatives)

1). Name:                                      Phone:  
Position:                                      Company:  
Address:                                      Years known:

2). Name:                                      Phone:  
Position:                                      Company:  
Address:                                      Years known:

3). Name:                                      Phone:  
Position:                                      Company:  
Address:                                      Years known:

4). Name:                                      Phone:  
Position:                                      Company:  
Address:                                      Years known: