



# LaX Fabricating LTD

700 E. Main St, Spring Grove, MN 55974  
 507-498-6000 rickronan@laxfabricating.com

**Employment  
 Application**  
 Equal Opportunity

Last Name	First Name	Middle	Date
Street Address	City	State	Zip
Phone Number	Email Adress	Referred By	

**Employment Desired**

Position Desired	Date You Can Start	Salary Desired
Are You Employed?    Yes    No	If So, May We Inquire of Your Present Employment?    Yes    No	
Ever Applied to This Company Before?    Yes    No	When?    ____ / ____ / ____	

**Education History**

Name & Location of School	Years Attended	Did You Graduate?	Subjects Studied
High School			
Trade or Technical School			
College/University			

**General Information**    Other Study/Research Work, Special Training or Skills Not Outlined Above


**Former Employers**    (List Below Your Last Three Employers, Starting with the Most Recent)

Dates Month & Year	Name & Address of Employer	Salary/ Hourly	Position/Job Description/Duties	Reason For Leaving
From:				
To:				
From:				
To:				
From:				
To:				

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**Skills Check-List** (Mark an X next to all the skills you have been trained in or are proficient in doing.)

<input type="checkbox"/> Reading a tape measure	<b>Certifications/Work Experience</b>	<b>Computer Skills</b>
<input type="checkbox"/> Reading blueprints	<input type="checkbox"/> Mild steel welding	<input type="checkbox"/> Word Processing
<b>Machine Operations</b>	<input type="checkbox"/> Stainless steel welding	<input type="checkbox"/> Microsoft Word
<input type="checkbox"/> Saw operator	<input type="checkbox"/> Aluminum welding	<input type="checkbox"/> Microsoft Excel
<input type="checkbox"/> Iron worker operations	<input type="checkbox"/> Stick welding	<input type="checkbox"/> Microsoft Outlook
<input type="checkbox"/> Grinder	<input type="checkbox"/> Mig welding	<input type="checkbox"/> Workers' Comp.
<input type="checkbox"/> Pipe bending &/or Coping	<input type="checkbox"/> Tig welding	<input type="checkbox"/> Auto CAD
<input type="checkbox"/> Drill press	<input type="checkbox"/> Fork Lift Certification	<input type="checkbox"/> Web page design
<input type="checkbox"/> Spray painting	<input type="checkbox"/> Current First Aid Certification	<input type="checkbox"/> Copying/Faxing/Filing
<input type="checkbox"/> Fork lift	<input type="checkbox"/> Current CPR Certification	<input type="checkbox"/> Other _____
<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____

**References** (Give below the names of three persons, not related, whom you have known at least one year.)

Name	Address	Title	Phone Number	Years Known

Do you have pending criminal charges or have you ever pleaded guilty to or been convicted of a felony? Yes No  
 If yes, supply additional information regarding the offense(s) including date. If the job you are applying for requires the operation of a motor vehicle, include traffic convictions. \_\_\_\_\_

**Authorization**

"I certify that the facts contained in this application are true and complete to the best of my knowledge and I understand that, if employed, falsified statements on this application shall be grounds for dismissal. I authorize investigation of all statements contained herein and the references and employers listed above to give you any and all information concerning my previous employment and any pertinent information they may have, personal or otherwise, and release the company from all liability for any damage that may result from utilization of such information. I also understand and agree that no representative of this company has any authority to enter into any agreement for employment for any specified period of time, or to make any agreement contrary to the foregoing, unless it is in writing and signed by an authorized company representative. This waiver does not permit the release or use of disability-related or medical information in a manner prohibited by the Americans with Disabilities Act (ADA) and other relevant federal and state laws."

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

**DO NOT WRITE BELOW THIS LINE**

**Remarks**

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**Interviewed By** \_\_\_\_\_ **Date** \_\_\_\_\_

Neatness	Character
Personality	Ability

Hired	Department	Position	Starting Date	Salary Wages
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Approved: 1. \_\_\_\_\_ 2. \_\_\_\_\_ 3. \_\_\_\_\_  
 Employment Manager Department Head General Manager