

GENERAL FABRICATORS  
P.O. BOX 7  
DELCAMBRE, LA.  
Phone: (337) 685-2585 Fax: (337) 665-4518

**NOTICE:**  
Resumes will not be  
accepted in lieu of  
this completed form.

## APPLICATION FOR EMPLOYMENT

Fill out this application completely and accurately in ink. To avoid delay in processing please provide all information.

The Following is Necessary to notify you of application results and/or Interviews only.

**Please circle one or both**

1 Position applied for: \_\_\_\_\_ Shop Offshore Salary Desire: \_\_\_\_\_

2 Name: \_\_\_\_\_ Last First Middle 

DOB:	_____
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3 Mailing Address: \_\_\_\_\_  
Number Street Apartment #  
\_\_\_\_\_ City State Zip Code

4 Phone: ( ) \_\_\_\_\_ ( ) \_\_\_\_\_  
Home # Alternate #

Answer the following to the best of your ability:

- 6 Are you a citizen of the United States? Yes \_\_\_\_\_ No \_\_\_\_\_
- 7 Are you legally able to work in this country? Yes \_\_\_\_\_ No \_\_\_\_\_
- 8 Have you ever worked for GFI before? Yes \_\_\_\_\_ No \_\_\_\_\_  
If yes which department and when? Dept. \_\_\_\_\_ Date \_\_\_\_\_
- 9 Are you willing to work overtime if needed? Yes \_\_\_\_\_ No \_\_\_\_\_
- 10 Are you willing and able to travel if needed? Yes \_\_\_\_\_ No \_\_\_\_\_
- 11 Within the past 5 years have you been discharged from a position because your work conduct or conduct was unsatisfactory? Yes \_\_\_\_\_ No \_\_\_\_\_  
If yes, explain in remarks section.  
Remarks: \_\_\_\_\_
- 12 May inquiry be made of your present and/or past employer concerning your work record, qualifications, etc.? Yes \_\_\_\_\_ No \_\_\_\_\_
- 13 Have you ever been Convicted, Placed On Probation, or a Suspended Sentence, for an offense other than a parking ticket? Yes \_\_\_\_\_ No \_\_\_\_\_  
(Convictions are not necessarily a bar to employment). If yes explain in remarks  
Remarks: \_\_\_\_\_
- 14 Do you have responsibilities other than work that will interfere with specific job requirements such as traveling, or reporting on time? Yes \_\_\_\_\_ No \_\_\_\_\_

15 Circle the last grade of school you completed:

Grade School      1 2 3 4 5 6 7 8      High School      9 10 11 12      Year

List your education: High schools, colleges, business, trade, correspondence, and military service schools.

Name and Location	Date Attended		Credit Hours	Major	Degree and Year
	From	To			

Business or Trade School Attended

Name and Location	Date Attended		Courses Completed	Date of Diploma or Certificate
	From	To		

Specialized Training, Safety Certificates

Name and Location	Courses Completed	Date Expires

16 Are you a United States Veteran?      Yes \_\_\_\_\_      No \_\_\_\_\_  
 Are you currently a member of the military?      Yes \_\_\_\_\_      No \_\_\_\_\_  
 Date seperated from Active Duty: \_\_\_\_\_      Rank: \_\_\_\_\_

17 What was your military speciality: \_\_\_\_\_

18 List any friends/relatives working at GFI?

Name: \_\_\_\_\_ Relation: \_\_\_\_\_ Dept: \_\_\_\_\_  
 Name: \_\_\_\_\_ Relation: \_\_\_\_\_ Dept: \_\_\_\_\_

Experience:      Begin with your present or latest position and work backwards. Account for all periods of employment or unemployment. Give your duties and responsibilities in such detail as to make your qualifications clear.