FCS MANUFACTURING

EMPLOYMENT APPLICATION

Thank you for your interest in joining the FCS Manufacturing team. Please complete this application fully and accurately.
FCS Manufacturing is an equal opportunity employer and considers qualified applicants without regard to legally protected status.

POSITION INFORMATION

Position applied for	**Date of application**
Desired start date	**Desired pay (optional)**
Employment desired ☐ Full-time ☐ Part-time ☐ Temporary	**Available for overtime?** ☐ Yes ☐ No
Shift availability ☐ Days ☐ Evenings ☐ Nights ☐ Any shift	

APPLICANT INFORMATION

Full legal name	**Preferred name**
Street address	**City / State / ZIP**
Phone	**Email**

Are you at least 18 years of age?	☐ Yes ☐ No
If hired, can you provide documentation showing your identity and authorization to work in the United States?	☐ Yes ☐ No
Have you previously worked for FCS Manufacturing?	☐ Yes ☐ No
Do you have relatives currently employed by FCS Manufacturing?	☐ Yes ☐ No
How did you hear about us?	☐ Employee referral ☐ Online ☐ Social media ☐ Walk-in

EDUCATION AND TRAINING

School / Institution	City / State	Diploma / Degree / Certificate	Completed?
High school / GED			☐ Yes ☐ No
College / Technical school			☐ Yes ☐ No
Other training			☐ Yes ☐ No

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SKILLS AND QUALIFICATIONS

Check any areas in which you have training or experience:

☐ Welding	☐ Fabrication	☐ Machine operation	☐ Assembly
☐ Forklift	☐ Material handling	☐ Blueprint reading	☐ Quality inspection
☐ Maintenance	☐ Hand / power tools	☐ Shipping / receiving	☐ Other

Relevant certifications, licenses, specialized training, equipment experience, or other job-related skills:

EMPLOYMENT HISTORY

List your most recent employer first. You may attach a resume, but please complete this section.

EMPLOYER 1

Employer name	**Phone**
Address / City / State	**Supervisor**
Job title	**Dates employed (From - To)**
Primary duties	**Reason for leaving**
May we contact this employer? ☐ Yes ☐ No	**If no, explain:**

EMPLOYER 2

Employer name	**Phone**
Address / City / State	**Supervisor**
Job title	**Dates employed (From - To)**
Primary duties	**Reason for leaving**
May we contact this employer? ☐ Yes ☐ No	**If no, explain:**

FCS MANUFACTURING

EMPLOYMENT APPLICATION

EMPLOYMENT HISTORY - CONTINUED

EMPLOYER 3

Employer name	**Phone**
Address / City / State	**Supervisor**
Job title	**Dates employed (From - To)**
Primary duties	**Reason for leaving**
May we contact this employer? ☐ Yes ☐ No	**If no, explain:**

PROFESSIONAL REFERENCES

Please provide professional references who are not relatives.

Name	Relationship / Company	Phone	Email

JOB-RELATED INFORMATION

Can you perform the essential functions of the position, with or without reasonable accommodation?	☐ Yes ☐ No
Do you have reliable transportation to report to work as scheduled?	☐ Yes ☐ No
List scheduling limitations or days/times you are unavailable:	

Additional information you would like us to consider:

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APPLICANT STATEMENT AND AUTHORIZATION

I certify that the information provided in this application is true and complete to the best of my knowledge. I understand that false statements, material omissions, or misrepresentations may result in disqualification from employment consideration or, if employed, termination of employment.

I authorize FCS Manufacturing to verify information related to my employment history, education, qualifications, and professional references, as permitted by law. I authorize persons and organizations contacted for these purposes to provide relevant information to FCS Manufacturing.

I understand that completing this application does not create a contract of employment or guarantee employment. If hired, I understand that employment is subject to applicable company policies and applicable law.

Applicant signature	**Date**
Printed name	**Best time to contact**

FCS Manufacturing is an Equal Opportunity Employer.
Reasonable accommodations are available to qualified applicants with disabilities during the application process.
Applicants who need an accommodation may contact FCS Manufacturing to request assistance.

FOR COMPANY USE ONLY

Interview date(s)	**Interviewer(s)**
Position considered	**Proposed start date**
Proposed pay	**Shift / Schedule**
Notes	**Decision** ☐ Hire ☐ No hire ☐ Hold