SPECFAB SERVICES, INC. P.O. Box 5429 - One Ramseur Court Greenville, SC 29606 864-242-3345 AN EQUAL OPPORTUNITY EMPLOYER APPLICATION FOR EMPLOYMENT

DO NOT WRITE IN THIS SPACE.						
PROJECT	JOB NO.					
DATE HIRED	RATE	SUPT.				

NAME First	Middle		Last		SOCIAL SECURITY NO.		
PRESENT ADDRESS	CITY		STATE	ZIP	PHONE NO.		
PERMANENT ADDRESS	CITY		STATE	ZIP	PHONE NO.		
IN CASE OF EMERGENCY NOTIFY:	ADDRESS	The second se	<u> </u>		PHONE NO.		
NAME:							
· ·	ARE YOU 18 YEARS		APPLYING FOR JOB AS:				
	OR OLDER? YES	1) NO 1 1	DOD NO:	·····	IE CO. EVELAIN ON DEVELOR		
DO YOU HAVE ANY IMPAIRMENTS, PHYSICAL, MENTAL OR MED WOULD INTERFERE WITH YOUR ABILITY TO DO THE JOB FOR V	NUME VANICH	DE VINCE	YES []	NO []	IF SO, EXPLAIN ON REVERSE SIDE OF APPLICATION.		
ARE YOU A CITIZEN OF THE UNITED STATES?	WHICH TOO MILE PH	IF NOT, DO YOU H	AVE THE LEGAL RIG		GIDE OF ALT EIGHTION.		
YES [] NO [] PERMANENTLY IN THE UNITED STATES? YES [] NO []							
EDUCATION: NAME OF SCHOOL	LOCATION		#OF YEARS COMPLETED	YEAR GRADUATED	COURSES TAKEN/DEGREE		
ELEMENTARY/JR. HIGH	<u> </u>						
HIGH SCHOOL							
COLLEGE							
OTHER			<u> </u>				
TEC/TRADE SCHOOL							
SPECIAL COURSES							
PREVIOUS EMPLOYMENT HISTORY	Begin with pres				the address to the first of the product of the control of the cont		
DATES EMPLOYER NAME		YOUR POSITIO		BASE RATE	REASON FOR LEAVING		
MOYR EMPLOYER ADDRESS (CITY-STATE)	, ,	NAME OF PROJE		OF PAY			
FROM NAME		POSITION					
TO ADDRESS		PROJECT		PER			
FROM NAME	***************************************	POSITION		\$			
TO ADDRESS		PROJECT		PER			
FROM NAME	· · · · · · · · · · · · · · · · · · ·	POSITION		\$			
TO ADDRESS		PROJECT	A	PER			
FROM NAME	***************************************	POSITION		\$			
TO ADDRESS		PROJECT		PER			
FROM NAME		POSITION		\$			
TO ADDRESS		PROJECT		PER			
ARE YOU A CERTIFIED	OURNEYMAN	<u>і</u> Г 1	FOREMAN [1	GENERAL FOREMAN []		
I have read all the questions and answers on this application and certify that the information given by me is true and correct. The Company is authorized to investigate any of the information. It is understood that any misrepresentation by me in this Application will be sufficient cause for cancellation of the Application and for separation from the Company's service if I have been employed. WITNESS YOUR							
		SIGNATURE:					
SIGN:		SIGNATURE:	170	A			