



POTENTIAL NEW EMPLOYEES

To: All potential employees
From: Mountaineer Fabricators, Inc.

Subject: Benefits Package

We are a **Non-Union Shop** currently offering the following pay rates:

Starting (first 90 days): After the probationary period (90 days maximum), each employee is evaluated on their skills shown. No benefits will be given any employee during the probationary period (see below).

Pay rates during probationary period: (Note: Averages shown do not include bonus paid - see below)

Pipe Welder Level IV (All Position) - \$14.00 per hour (current average of all welder levels \$17.81/hr)

Pipe Welder Level III (Limited Position/Multiple Process) - \$13.00 per hour

Pipe Welder Level II (Limited Position/Limited Process) - \$12.00 per hour

Tack Welder Level I (Multiple Position/GTAW only) - \$11.00 per hour (Stainless/Carbon)

Structural Welder (Limited to Non-Pressure welds) - \$10.00 per hour

Machine Shop operator - \$10.00 per hour (current average \$13.00/hr)

Labor - \$9.00 per hour (current average \$10.11/hr)

Also:

- A) We have nine paid holidays annually. Veterans Day will be given with proof of service and Honorable Discharge (DD-214)
- B) Health, Dental and Eye care insurance is available. Health insurance, the employee and employer share the cost with the Company paying the larger share. Dental is a supplemental the employee can choose to purchase on his own through the Company. Vision the Company pays 100%.
- C) Paid sick days (after the seventh month of continuous service) are earned at a rate of one day per month of with a maximum of 30 days.
- D) MFI furnishes four shirts annually.
- E) Company pays an annual amount of \$60 for safety shoes.
- F) Paid vacation two weeks after one year of continuous service.
- G) MFI has a profit sharing program allowing the employee to directly deposited into his/her 401K retirement fund or choose to take his/her share in the form of a check quarterly. (MFI paid each employee over \$4.00 for every hour worked in bonus in 2009.)
- H) MFI currently pays time and a half for hours worked over 40 hours per week and double time for all hours worked over 50 hours per week.

This is but a few of the benefits we offer our employees at Mountaineer Fabricators, Inc. If you wish to join our team please complete and submit your application and we will be back in touch to answer questions you may have.



If returning by email:

employment@mntfabr.com

Fax:

304-204-1487

Attention: Human Resources Department

Mailing:

Mountaineer Fabricators, Inc.
Human Resources Department
PO Box 37
Nitro, WV 25143-0037

Welding Test Requirements Pipe Welder Level IV
GMAW

Carbon and Stainless steel coupons:

Coupon Position: 6G (45° fixed)

Root pass: GMAW-s (short-arc)

Open root: 5/32" (Thickness: 1/8")

Internal reinforcement to meet ASME B-31.3

Hot/Cover pass(s): GMAW-P (Remaining coupon thickness)

External reinforcement to meet ASME B-31.3

Must pass visual inspection per ASME B-31.3

Coupon will be cut per ASME Section IX

4 coupon sections shall be side bent to determine possible employment potential

Acceptance shall be per ASME Section IX requirements.

Times test: 3.5 Hrs. maximum, average time 2 to 2.5 Hrs.

Complete and return to:
 Mountaineer Fabricators, Inc.
 P.O. Box 37 Nitro, WV 25143

Mountaineer Fabricators, Inc.
Application for Employment

We consider applicants for all positions without regard to race, color, religion, sex, national origin, age or veteran status, physical/mental disability, or any other legally protected status.

Please Print

Position(s) Applied For (List #1 As Most Desired Position)	Pay Rate Desired	Date of Application
1. _____	1. _____	
2. _____	2. _____	___/___/___

How did you learn about us?		Employee _____
Advertisement _____	Friend _____	Other _____
Walk-In _____	Employment Agency _____	Relative _____

Last Name _____	First Name _____	Middle Name _____
Street Address _____	City _____	State _____ Zip Code _____
Telephone Number(s) _____		Social Security Number _____
Home _____	Other _____	_____/_____/_____
Work _____	'G/o cklCf ft guu<aa	

1. Have you ever filed an application with us before? Yes No
 If yes give date: ___/___/___
2. Have you ever been employed with us before? Yes No
3. Are you currently employed? Yes No
4. May we contact you present employer? Yes No
5. Are you lawfully authorized to work in the U.S.? Yes No
U.S. citizens who are under 18 years of age and persons who are not U.S. citizens will be required to provide documentation of their authorization to work.
6. On what date would you be available for work? ___/___/___
7. Are you available to work: Full Time Part Time Shift Work Temporary
8. Are you currently on "lay-off" status and subject to recall? Yes No
9. Can you travel if a job requires it? Yes No
10. Are you available to work overtime if required? Yes No
11. Have you been convicted of a felony within the last 7 years? Yes No
A criminal conviction does not mean that you automatically will not be hired. All facts and circumstances surrounding your conviction, such as type of offense and the time since your conviction, will be considered. Consequently, please provide some detailed information about the circumstances of your conviction. DO NOT REPORT convictions that have been expunged or sealed by a court.

12. Have you ever had any job-related training in the United States Military? Yes No
 If yes, please describe

WE ARE AN EQUAL OPPORTUNITY EMPLOYER

Education

High School Years Completed 8 9 10 11 12 School: _____ City: _____ State: _____ Graduate: <input type="checkbox"/> Yes <input type="checkbox"/> No	College Years Completed 1 2 3 4 5 6 7 8 School: _____ Address: _____ Major/Degree: _____ _____ _____	Other Training List name of school, location, courses taken, enrollment and termination dates. Include any job-related training in the U.S. Military and describe: _____ _____ _____ _____ Certificate Earned: <input type="checkbox"/> Yes <input type="checkbox"/> No
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INDICATE YEARS OF EXPERIENCE IN THE APPROPRIATE COLUMNS:

ACCOUNTING/YEARS	P.C. APPLICATIONS (YES/NO)	CLERICAL
General Accounting _____	MS Word _____	Typing (WPM) _____
Cost Accounting _____	MS Excel _____	Calculator _____
Payroll _____	MS Access _____	Keypunch _____
Auditing _____	MS Power Point _____	Shorthand(WPM) _____
Credits and Collections _____	OTHER _____	OTHER _____
Budget _____	_____	_____
Tax _____	_____	_____

VEHICLE, EQUIPMENT, SHOP & WAREHOUSE APPLICANTS COMPLETE THIS SECTION

INDICATE YEARS OF EXPERIENCE IN THE FOLLOWING CATEGORIES:

MATERIAL HANDLING	YRS/EXP	MACHINING	YRS/EXP	FABRICATING	YRS/EXP	WELDING EXPERIENCE	YRS/EXP
Forklift	_____	Drill Press	_____	Layout	_____	Brass	_____
Crane (Mobile)	_____	Lathe	_____	Fit Up	_____	Aluminum	_____
Crane(Bridge)	_____	CNC (any type)	_____	Punch Press	_____	Carbon Steel	_____
Pettybone	_____	Pipe Threader	_____	Breaking Press	_____	Copper	_____
Shipping	_____	Saws	_____	Plate Shears	_____	Nickle	_____
Receiving	_____	Painting	_____	Plate Roll	_____	Stainless Steel	_____
General Labor	_____	Shipping/Rec	_____	Burning Machine	_____	AL6XN	_____
Other	_____	Tool Crib	_____	Heat Exchanger	_____	Hastelloy	_____
_____	_____	Other	_____	Welding-Larger	_____	Chrome Moly	_____
_____	_____	_____	_____	Tig	_____	Other	_____
_____	_____	_____	_____	Pulse Arc	_____	_____	_____
_____	_____	_____	_____	S.A.W.	_____	_____	_____
_____	_____	_____	_____	Other	_____	_____	_____

Driving:		Yrs
Pickup		_____
Straight Bed		_____
Tractor Trailer		_____
CDL License	Yes _____ No _____	
I.D. Number		_____
State		_____

References

Give name, address and telephone number of three references who are not related to you and are not previous employers.

1. _____

2. _____

3. _____

Employment Experience

Start with your present or last job. Include volunteer activities in which you have participated. You may exclude organizations that indicate race, color, religion, gender, national origin, handicap or other protected status. Any job-related military service assignments should be described under Question 12 on page 1.

Employer: _____	Phone: () _____
Address: _____	
_____ (Street)	_____ (City)
_____ (State)	_____ (Zip)
Job Title & Duties: _____	Date Employed: From _____ To _____
_____	Supervisor: _____
_____	Rate of Pay: Start\$ _____ Per _____
_____	Last\$ _____ Per _____
Reason for Leaving _____	
Employer: _____	
Address: _____	
_____ (Street)	_____ (City)
_____ (State)	_____ (Zip)
Job Title & Duties: _____	Date Employed: From _____ To _____
_____	Supervisor: _____
_____	Rate of Pay: Start\$ _____ Per _____
_____	Last\$ _____ Per _____
Reason for Leaving _____	
Employer: _____	
Address: _____	
_____ (Street)	_____ (City)
_____ (State)	_____ (Zip)
Job Title & Duties: _____	Date Employed: From _____ To _____
_____	Supervisor: _____
_____	Rate of Pay: Start\$ _____ Per _____
_____	Last\$ _____ Per _____
Reason for Leaving _____	
Employer: _____	
Address: _____	
_____ (Street)	_____ (City)
_____ (State)	_____ (Zip)
Job Title & Duties: _____	Date Employed: From _____ To _____
_____	Supervisor: _____
_____	Rate of Pay: Start\$ _____ Per _____
_____	Last\$ _____ Per _____
Reason for Leaving _____	

If you need additional space, please continue on a separate sheet of paper

Employment Data Record

All Employees are treated during employment without regard to race, color, religion, sex, national origin, age, veteran status, medical reason or handicap, or any other legally protected status.

As an employer with an Affirmative Action Program, we comply with government regulations, including Affirmative Action responsibilities where they apply.

The Purpose for this Data Record is to comply with government record keeping, reporting, and other legal requirements. Periodic reports are made to the government on the following information. The completion of this Data Record is optional. If you choose to volunteer the requested information, please note that all Data Records are kept confidential. Please note: YOUR COOPERATION IS VOLUNTARY. INCLUSION OR EXCLUSION OF ANY DATA WILL NOT AFFECT ANY EMPLOYMENT DECISION.

VOLUNTARY SURVEY

(PLEASE PRINT)

DATE:

Government agencies at times require periodic reports on the sex, ethnicity and other protected status of employees. This data is for statistical analysis with respect to the success of the Affirmative Action Program. **SUBMISSION OF THIS INFORMATION IS VOLUNTARY.**

Name		

Address		

City	State	Zip
_____	_____	_____
Social Security Number		

Complete the information requested below		
Check One:	Male <input type="checkbox"/>	Female <input type="checkbox"/>
Check One of the Following: (Ethnic Origin)		
White <input type="checkbox"/>	Hispanic <input type="checkbox"/>	American Indian/Alaskan Native <input type="checkbox"/>
Black <input type="checkbox"/>	Other <input type="checkbox"/>	Asian/Pacific Islander <input type="checkbox"/>
Check If Any Of The Following Are Applicable		
Vietnam Era Veteran <input type="checkbox"/>		Disabled Veteran <input type="checkbox"/>

Applicant's Statement

I certify that answers given herein are true and complete to the best of my knowledge. I authorize investigation of all statements contained in this application for employment as may be necessary in arriving at an employment decision.

This application for employment shall be considered active for a period of time not to exceed 6 months. Any applicant wishing to be considered for employment beyond this time period should inquire as to whether or not applications are being accepted at that time.

I hereby acknowledge that any employment relationship with this Company is of an "at will" nature, which means that the Employee may resign at any time and the Employer may discharge Employee at any time with or without cause. It is further understood this "at will" employment relations may not be changed by any written document or by conduct unless such change is specifically acknowledged in writing by an authorized executive of the Company.

In the event of employment, I understand that false or misleading information given in my application or interview(s), my failure to qualify for or have maintained a fidelity bond in the amount specified by you, my inability to perform the essential functions of my assigned job or my inability to pass a drug screen, will be sufficient cause for cancellation of my application or for my separation from the Company's service if I am employed. I understand also that I am required to abide by all rules and regulations of the Employer.

Signature of Applicant

_____/_____/_____
Date

Applicant's Comments:

Signature

_____/_____/_____
Date

Additional Applicant Information:

(Please explain any NO responses to question 4 and 10) _____

FOR OFFICE USE ONLY
