



**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:

**New Employees:** All new employees shall complete a probationary period (90 days), each employee will be evaluated on their skills and actions exhibited during the probationary period. Dental Insurance is available during your probationary period. New employees are also covered by workers compensation and unemployment as required by WV State laws.

Starting pay rates during probationary period are as follows:

- Pipe Welder Level IV .... (All Position/Multiple Process Production) ..... \$16.00 per hour  
\* Pay for welding will increase substantially after 90 day review to accommodate speed and accuracy.
- Pipe Welder Level III .... (All Position/Multiple Process Tack Welder) .... \$15.00 per hour
- Pipe Welder Level II ..... (Limited Position/Limited Process) ..... \$14.00 per hour
- Tack Welder Level I ..... (Multiple Position/GTAW only) ..... \$13.00 per hour (Stainless/Carbon)
- Structural Welder ..... (Limited to Non-Pressure welds) ..... \$12.00 per hour
- Machine Shop operator ..... \$12.00 per hour
- Sandblaster ..... \$12.00 per hour
- Labor ..... \$12.00 per hour
- Shift differential (added to above rates):
- Evening ..... \$1.00 per hour
- Night ..... \$2.00 per hour

MFI benefits Post-Probationary Period:

- A) We currently have nine paid holidays annually; additionally, "Veterans Day" for employees meeting MFI qualifications (Form DD-214 required).
- B) Eye care insurance is available and is 100% company paid.
- C) Paid sick days are earned after the seventh month of continuous service at a rate of one day per month to a maximum of 30 days.
- D) MFI furnishes four work shirts annually for the employees use.
- 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 (w/percentage matching funds based on company profitability) 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.
- H) MFI currently pays time and a half for hours worked over 40 per week and double time for all hours worked over 50 per week.
- I) We have a 401(k) program that has company matching funds. This is based on profitability and will vary from year to year.

These are but a few of the benefits MFI offer our employees. 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.



**When returning application:**

If returning by email:

employment@mntfabr.com

Fax:

304-204-1487

Mailing:

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

In person:

Mountaineer Fabricators, Inc.  
9 McJunkin Rd.  
Nitro, WV  
GPS Coordinates:  
Latitude: 38.435521°  
Longitude: -81.836911°

Additional Information:

Applications are also accepted on line at [www.mfi.jobs](http://www.mfi.jobs) for those wishing to do so.

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.

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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

<b>High School</b>  Years Completed 8 9 10 11 12  School: _____  City: _____  State: _____  Graduate: <input type="checkbox"/> Yes <input type="checkbox"/> No	<b>College</b>  Years Completed 1 2 3 4 5 6 7 8  School: _____  Address: _____  Major/Degree: _____  _____  _____	<b>Other Training</b>  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    _____	_____	_____

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**VEHICLE, EQUIPMENT, SHOP & WAREHOUSE APPLICANTS COMPLETE THIS SECTION**

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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: _____	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: _____	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: _____	Phone: ( ) _____
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:

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\_\_\_\_\_  
Signature

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
Date

Additional Applicant Information:

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

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FOR OFFICE USE ONLY

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