



STRUCTURAL AND STEEL PRODUCTS

APPLICATION FOR EMPLOYMENT EQUAL OPPORTUNITY EMPLOYER

PLEASE READ BEFORE COMPLETING THIS APPLICATION

This company does not discriminate in the recruitment, hiring, and conditions of employment on the basis of race, color, religion, national origin, sex (including pregnancy), marital status, disability, age, veteran status, and any other status as protected by the applicable law. No question on this application is intended to secure information to be used in a discriminatory manner. Your completed application will be reviewed carefully; but its receipt does not imply that you will be employed. Employment consideration necessitates that you meet all minimum qualifications required for the position for which you are applying.

PERSONAL DATA

(ANSWER ALL QUESTIONS COMPLETELY.)

Name: _____ Date: _____
(Last) (First) (Middle Initial)

Address: _____
Street City State Zip

Telephone: _____ Mobile: _____ Email: _____

Are you 18 years of age, or over? Yes No

Are you authorized to work in the United States? Yes No
(If you are hired, you will be required to furnish proof of your employment eligibility)

GENERAL INFORMATION

Applying for position as _____ Desired Salary _____ Date Available _____

Would you accept full-time work? Yes No Shift preferred: 1st 2nd 3rd Any Location: Corporate
 Corporate Yard
 MFG FTW
 MFG Eules

Will you work overtime if required? Yes No If no, please explain: _____

Have you ever been employed here before? Yes No If yes, give dates: From _____ To _____

How were you referred to our company? Employee Advertisement Drop in Agency Other

Name of referral source indicated above _____

Have you ever pleaded guilty to, or been convicted of, a criminal offense (see "Convictions" Page 4)? Yes No

If yes, give dates and circumstances _____

Have you ever been involuntarily terminated from a position? Yes No

If yes, please explain _____

Would you agree to a pre-employment and/or post-employment drug screening by a physician, clinic or other health care provider selected by the company? Yes No



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EMPLOYMENT

LIST ALL POSITIONS YOU HAVE HELD, BEGINNING WITH YOUR MOST RECENT. INCLUDE SELF-EMPLOYMENT AND VOLUNTEER WORK. ATTACH AN ADDITIONAL SHEET, IF NECESSARY.

Name of Employer: _____ Employed From _____ to _____

Employer Address: _____
Street City, State Zip Telephone

Your Title: _____ Name of supervisor _____ Pay: _____
Per: _____

Description of duties _____

Reason for terminating _____

May we contact this employer while we are considering your application? Yes No

Name of Employer: _____ Employed From _____ to _____

Employer Address: _____
Street City, State Zip Telephone

Your Title: _____ Name of supervisor _____ Pay: _____
Per: _____

Description of duties _____

Reason for terminating _____

May we contact this employer while we are considering your application? Yes No

Name of Employer: _____ Employed From _____ to _____

Employer Address: _____
Street City, State Zip Telephone

Your Title: _____ Name of supervisor _____ Pay: _____
Per: _____

Description of duties _____

Reason for terminating _____

May we contact this employer while we are considering your application? Yes No

Name of Employer: _____ Employed From _____ to _____

Employer Address: _____
Street City, State Zip Telephone

Your Title: _____ Name of supervisor _____ Pay: _____
Per: _____

Description of duties _____

Reason for terminating _____

May we contact this employer while we are considering your application? Yes No

Please explain any gaps in your employment history. Attach an additional sheet if necessary. _____



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EDUCATION AND TRAINING

	SCHOOL NAME	CITY & STATE FOR EACH SCHOOL LISTED	# OF YEARS COMPLETED	TYPE OF COURSE/MAJOR
High School				
College				
Additional Training				

Are you presently in school? Yes No

If yes, give expected completion date _____

SPECIAL SKILLS

List applicable professional or technical licenses/certifications relative to your ability to perform the functions of the position of which you are applying _____

List equipment, machinery or special skills relative to your ability to perform the functions of the position for which you are applying. Include your skill and/or years of experience _____

PERSONAL REFERENCES*

*Not relatives or employers

Name	Phone Number	Business	How Long Known

List below the name of relatives employed by this company and their relationship to you



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Convictions: A conviction does not automatically mean you will not be offered a job. What you were convicted of the circumstances surrounding the conviction and how long ago the conviction occurred are important considerations in determining your eligibility. Give all the facts, so that a fair decision can be made.

PLEASE READ CAREFULLY BEFORE SIGNING

I hereby certify that the information provided on this application is accurate to the best of my knowledge and subject to verification by this company. I authorize the company, its affiliates and their representatives to investigate all information given and to secure additional job-related information, if necessary. I authorize an investigative report to be made whereby information is obtained through personal interviews with third parties, such as family members, business associates, financial sources, friends, neighbors or others with whom I am acquainted. I understand and consent to an inquiry that may include information as to my character, general reputation, and personal characteristics, whichever, may be applicable. This information may include, but is not limited to, verification of previous employment and employment references, verification of education including requests for transcripts, credit reports, motor vehicle driving records and criminal reports, etc. I hereby release from all liability all persons, companies, organizations or corporations furnishing such information.

I understand that any misrepresentation or omission of a material fact on my application may be justification for refusal of employment, or if employed, dismissal without advance notice.

In the event I am employed, I understand that all employees are subject to termination at the discretion of the company. If, in the event I choose to voluntarily terminate my employment, I am free to do so at any time, and, if I choose to give proper notice of termination, the company may either permit me to continue my employment during the notice period or may accept my resignation immediately.

I understand that, in the event I am employed by the company my compensation, hours of employment and all other terms and conditions employment are subject to modification or change by the company at the company's discretion.

I authorize the company to supply my employment record, in whole or in part, and in confidence, to any prospective employer, government agency, or other party, with a legal and/or proper interest.

In the event of my employment, I will comply with all rules and regulations as set forth in the company's policy manual or other communications distributed to all employees.

I also understand that my employment is conditional upon my satisfactorily passing a drug screening, if one is requested, to be given by a physician, clinic or other health care provider selected by the company.

I understand that completion of this form does not guarantee me status as an applicant or any consideration for employment unless I meet all stated minimum qualifications required of the position for which I am asking to be considered.

I have read the above statements and accept them as conditions of employment with the company.

Signature of Applicant

Date