



# 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 Pay \_\_\_\_\_ Date Available \_\_\_\_\_

Would you accept full-time work?  Yes  No Shift preferred:  1<sup>st</sup>  2<sup>nd</sup>  Any

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.

Employer 1	Dates		Work Performed
	From	To	
Address			
Telephone			
Job Title	Hrly. Rate/Salary		Reason for leaving
	Starting	Final	
Supervisor			
May we contact this employer while we are considering your applications? <input type="checkbox"/> Yes <input type="checkbox"/> No			

Employer 2	Dates		Work Performed
	From	To	
Address			
Telephone			
Job Title	Hrly. Rate/Salary		Reason for leaving
	Starting	Final	
Supervisor			
May we contact this employer while we are considering your applications? <input type="checkbox"/> Yes <input type="checkbox"/> No			

Employer 3	Dates		Work Performed
	From	To	
Address			
Telephone			
Job Title	Hrly. Rate/Salary		Reason for leaving
	Starting	Final	
Supervisor			
May we contact this employer while we are considering your applications? <input type="checkbox"/> Yes <input type="checkbox"/> No			

Employer 4	Dates		Work Performed
	From	To	
Address			
Telephone			
Job Title	Hrly. Rate/Salary		Reason for leaving
	Starting	Final	
Supervisor			
May we contact this employer while we are considering your applications? <input type="checkbox"/> Yes <input type="checkbox"/> No			



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## EMPLOYMENT (CONTINUED)

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

## 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.

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**Signature of Applicant (Type Your Name Above)**

**Date**