



Steel Service

The preferred steel contractor

APPLICATION FOR EMPLOYMENT

Applicant Name: _____

Position(s) Applied for (1) _____

(2) _____

Today's Date: _____

Availability Date: _____

Applications without the date and signature will not be considered.

Complete the following application using dark blue or black ink. Print or write legibly the answers to each question, then sign and date the form. Resumes are not accepted in place of completing the application form. If more space is required to completely answer a question, use a separate sheet and carefully number your answers.

For Office use only (Do not write below this line)

Job Title _____ Pos/PN _____

Rate of Pay _____

Shift _____ Bldg _____ New Hire _____ Rehire _____

Replacing _____

Supervisor Initials _____ Date _____

Plant Supervisor _____ Date _____

PERSONAL INFORMATION

1. Name: _____
(Last) (First) (Middle)
2. Social Security No.: _____
3. Address: _____ City & State _____
4. How long have you lived at this address? _____
5. Previous address: _____ City & State _____
6. How long did you live at this address? _____
7. Telephone Number: _____ Cell Number: _____
8. Are you legally eligible to work in the U.S.? Yes No
9. If employed can we rely on you to be at work on time? Yes No
10. Are you currently using illegal drugs? Yes No
11. Have you ever been convicted of a criminal offense? ** Yes No If yes, describe:

**Conviction is not an automatic bar to employment; all circumstances will be considered.

EMPLOYEE/APPLICANT'S REQUIREMENTS

13. Salary Required: _____
14. I am willing to work: Day Afternoon Night Any shift Overtime
15. I am applying for: Full-time Part-Time Temporary

EDUCATION

NAME-ADDRESS-DATE ATTENDED-GRADUATION DATE- DEGREE-MAJOR

High School _____

College/Trade School _____

Post Graduate _____

Certificate/License _____

16. Are the licenses, certificates, or registrations identified above current? Yes No
17. Are there any other experiences, skills or qualifications, which you believe would especially qualify you for the job for which you applied? Yes
Explain: _____

18. Identify machines or equipment you can operate:

19. Number of words per minute typing: (If applicable) _____

EMPLOYMENT HISTORY

| Date, Mo. & Yr. | Supervisor & Name & Address of Employer | Salary | Position & Description of Duties | Reason for Leaving |
|--------------------|--|--------|-------------------------------------|--------------------|
| From/To | | | | |
| From/To | | | | |
| From/To | | | | |

20. If you have not been employed continuously for the last five (5) years, state what you were doing during each period when you were not employed: _____

21. Have you ever been disciplined or discharged by an employer or have you ever quit a job to avoid being disciplined or discharged? Yes No If yes, please explain: _____

22. Have you ever had problems attending work regularly and on time? Yes No

23. How many days did you miss from work during the last 12 months? _____

24. State in your own words why you would like to work for Steel Service Corporation: _____

REFERENCES

Give the names of three (3) individuals NOT related to you who have known you for at least one (1) year.

| Name | Address | Business | Yrs. Known | Phone |
|------|---------|----------|---------------|-------|
| 1. | | | | |
| 2. | | | | |
| 3. | | | | |

PLEASE READ CAREFULLY

I certify that I am genuinely interested in the position for which I have applied and this application has not been made for any other purpose or under false pretenses.

I certify that the answers given by me to the foregoing questions and statements are true, correct and complete to the best of my knowledge and that I have withheld nothing that would, if disclosed, affect this application unfavorably. I understand that any falsification, misrepresentation, omission, misleading, or incorrect statements may render this application void, and if I were to be employed, would be cause for my termination without liability, whenever discovered. I understand and agree that any dishonesty or falsification by me during my employment may result in immediate termination.

I authorize my employer to conduct any investigation it deems appropriate concerning my application. I hereby authorize and request former employers, personal references, schools, and all other persons and organizations to disclose any information that may be sought in connection with this application. In return for their providing such information to my employer or its agents, I hereby release all former employers, personal references, schools, and other persons and organizations from all liability in connection with those disclosures.

I further authorize my employer to disclose to others any information it may have concerning my employment, character, and qualifications, including information gained from this application and the investigation of this application. In return for its accepting and considering my application and for any employment that it may offer to me, I hereby release my employer from all liability in connection with those disclosures.

I authorize the company to release to other prospective employers and governmental authorities any information regarding my employment with the company or the information set forth in this application or gained by the company from other companies, schools, or persons named in the application, and to give out any information regarding my employment, character, qualifications, and information they may have regarding me, whether or not it is in their records. I hereby release the company from any and all liability for any damage flowing from issuing this information.

As a condition of hire and of continued employment, I agree to submit to physical examinations permitted by applicable law (including, but not limited to, blood, urine, and other tests for drugs, alcohol, HIV, HBV), at the company's expense, by persons designated by the company, whenever the company requests, and to submit to any other tests or examinations (including polygraph), permitted by applicable law, that the company requests now or at any time during my employment.

I acknowledge that the company reserves the right to inspect all property (including cars, purses, lockers, desks, lunch boxes, packages, and other containers) on the company's premises and, if employed, I agree to cooperate with such inspections as a condition of continued employment. I also agree that the company has permission to photograph me while on company property and to utilize these photographs in furtherance of the company's business.

I further acknowledge that I understand the company, and its employees, will from time to time monitor my performance and activities during working time or while I am on company property by electronic, video, and/or voice transmittal and receiving equipment, e.g., taping of telephone conversations. I also acknowledge that the company has my permission to engage in such monitoring and fully release, forgive, and acquit the company, its officers, employees, and agents of any claim or complaint whatsoever that I may have against them relating directly or indirectly to this monitoring activity.

In consideration of the compensation to be paid to me as an employee, and the facilities and data to be made available to me by the company, I hereby recognize as the exclusive property of the company, any confidential information regarding various phases of company business and I hereby agree to keep such information confidential.

I acknowledge that if employed by the company, my employment and compensation is for an indefinite period of time and can be terminated, with or without cause, and with or without notice, at any time, at the option of either the company or myself. I understand that no representative of the company, other than the President or his designee, has the authority to enter into any agreement contrary to the foregoing, and then only if such commitment is in a written document signed by the President or his designee. If employed, I further agree that the company may, at any time, without notice to or agreement by me, make unilateral changes in any of its policies, practices, rules, procedures, and compensation and benefits provided employees.

This application for employment will become void and no longer be considered upon the occurrence of any one of the following: (1) the position for which I have applied has been filled; (2) I have accepted other employment; or (3) 90 calendar days have passed since I completed this application. I understand I must submit a new application if I want to be considered for employment after that time. This application is the property of my employer and is not intended for reproduction.

Applicant's Signature

Date



Affirmative Action Voluntary Information

COMPLETION OF INFORMATION BELOW IS VOLUNTARY

At Steel Service Corporation, we consider all applicants for positions without regard to race, color, religion, sex, national origin, citizenship, age, mental or physical disabilities, veteran/reserve/national guard or any other similarly protected status. We also comply with all applicable laws governing employment practices and do not discriminate on the basis of any unlawful criteria.

In an effort to comply with requirements regarding government recordkeeping, reporting and other legal obligations that may apply, we invite you to complete this applicant data survey. Providing us with this information is **STRICTLY VOLUNTARY**. Failure to provide it will not subject you to any adverse personnel decision or action. Your cooperation is appreciated.

Please be advised that this survey is **NOT** a part of your official application for employment. It will not be used in any hiring decision and will be filed separately from your application. The information will be used and kept confidential in accordance with applicable laws and regulations.

Name _____

Position(s) applied for _____ Date _____

Referral Source

- | | | |
|---|---|--|
| <input type="checkbox"/> Walk-in | <input type="checkbox"/> Government Employment Agency | <input type="checkbox"/> Private Employment Agency |
| <input type="checkbox"/> Employee | <input type="checkbox"/> Relative | <input type="checkbox"/> School |
| <input type="checkbox"/> Advertisement – Source | _____ | |

Name of person who referred you (if applicable) _____

Please check ONE of the following Equal Employment Opportunity Identification Groups in each column:

- | | | |
|---------------------------------|---|---|
| <input type="checkbox"/> Male | <input type="checkbox"/> American Indian/Alaskan Native | <input type="checkbox"/> Vietnam Veteran |
| <input type="checkbox"/> Female | <input type="checkbox"/> Asian | <input type="checkbox"/> Disabled Veteran |
| | <input type="checkbox"/> Black/African American (not Hispanic) | <input type="checkbox"/> Other Veteran |
| | <input type="checkbox"/> Hispanic/Latino | <input type="checkbox"/> Not a Veteran |
| | <input type="checkbox"/> Native Hawaiian/Other Pacific Islander | |
| | <input type="checkbox"/> White (not Hispanic) | |