



## APPLICATION FOR EMPLOYMENT

### Personal Information

Name (Last Name First)			Social Security No.		
Address		Apt. No.	City		
State		Zip Code			
Are You 18 Years or Older? <input type="checkbox"/> Yes <input type="checkbox"/> No	Telephone No.		Email Address		
Are You Legally Eligible For Employment in the United States? <input type="checkbox"/> Yes <input type="checkbox"/> No			Do You Have a Reliable Method of Getting to Work? <input type="checkbox"/> Yes <input type="checkbox"/> No		

### Desired Employment

Position Applying For	Date You Can Start	Pay Desired
Are You Employed Now? <input type="checkbox"/> Yes <input type="checkbox"/> No	If So May We Inquire of Your Present Employer? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Ever Applied To This Company Before? <input type="checkbox"/> Yes <input type="checkbox"/> No	Where?	When?
Ever Worked For This Company Before? <input type="checkbox"/> Yes <input type="checkbox"/> No	Where?	When?
Reason For Leaving		
Name Of Last Supervisor At This Company		
Who Referred You To This Company? <input type="checkbox"/> Current Employee (please list name): _____		
<input type="checkbox"/> Employment Agency <input type="checkbox"/> Job Advertisement <input type="checkbox"/> Friend <input type="checkbox"/> State Employment Agency <input type="checkbox"/> College Placement Service <input type="checkbox"/> Walk In <input type="checkbox"/> Other		

### Education

School Level	Name and Location of School	No. of Years Attended	Did You Graduate?	Subjects Studied
High School				
College, Trade, Business or Other School				

What type of education, training, or work experience relevant to the job did you receive while in the military?  
Check here if N/A

### General

Summarize any training, skills, licenses and/or certificates that may qualify you as being able to perform job-related functions in the position for which you are applying



### Employment History

Provide the following information for your most recent employers, beginning with current position

Name of Present or Last Employer			
Address		City & State	Zip Code
Starting Date	Leaving Date	Job Title	
Weekly Starting Pay	Weekly Final Pay	May We Contact Your Supervisor? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Name of Supervisor		Title	Telephone No.
Description of Work			
Reason For Leaving			

Name of Previous Employer			
Address		City & State	Zip Code
Starting Date	Leaving Date	Job Title	
Weekly Starting Pay	Weekly Final Pay	May We Contact Your Supervisor? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Name of Supervisor		Title	Telephone No.
Description of Work			
Reason For Leaving			

Name of Previous To Above Employer			
Address		City & State	Zip Code
Starting Date	Leaving Date	Job Title	
Weekly Starting Pay	Weekly Final Pay	May We Contact Your Supervisor? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Name of Supervisor		Title	Telephone No.
Description of Work			
Reason For Leaving			



**References**

Give The Names of Three Persons You are Not Related to, Whom You Have Known At Least One Year

	Name	Phone Number	Years Acquainted
1			
2			
3			

Have You Been Convicted of a Felony Within the Last 5 Years?  Yes  No

If Yes, Explain (by explaining, this will not necessarily prevent you from being hired)

**AUTHORIZATION AND ACKNOWLEDGMENT**

I certify that the facts contained in this application are true and complete to the best of my knowledge and understand that if employed, falsified statements on this application shall be grounds for dismissal.

I authorize investigation of all statements contained herein and the references and employers listed above to give you any and all information concerning my previous employment and any pertinent information they may have, personal or otherwise and release the company from all liability for any damage that may result from utilization of such information.

I also understand and agree that no representative of the company has any authority to enter into any agreement for employment for any specified period of time, or to make any agreement contrary to the foregoing unless it is in writing and signed by an authorized company representative.

I acknowledge that Lyndon Steel Company LLC, its divisions and subsidiaries are drug free. I understand that once offered employment, I will be required to submit to a drug screening before employment begins and during the course of employment. I understand that my compliance with this policy is a condition of employment and that continuing employment is conditional upon the successful passing of this testing.

I represent that I have read and fully understand the above and seek employment under these conditions.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_