

Phone: 321-267-2341 Fax: 321-383-9072

PLEASE PRINT ALL
INFORMATION REQUESTED
EXCEPT SIGNATURE

# APPLICATION FOR EMPLOYMENT APPLICANTS SHALL BE TESTED FOR ILLEGAL DRUGS

PLEASE COMPLETE F	PAGES 1-5.	DATE				
Name						
	Last	First	Middle		Maiden	
Present address				·		
	Number	Street	City State	Zip		
Telephone ()		S	Social Security No. <sub>-</sub>			
How Long at Above Add	Iress	Date of Birth/				
and salary desired (2) (Be specific)			Mon Tue Wed	Thur Fri Sat Sun		
TYPE OF SCHOOL High School	NAME OF SCHOOL	LOCATION		OF YEARS PLETED	MAJOR & DEGREE	
High School						
College						
Bus. or Trade School						
Professional School						
HAVE YOU EVER BEEN CONVICTED OF A CRIME?						



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DO YOU HAVE A DRIVER'S LICENSE?										
What is you	r means of tra	ansportat	ion to work	?					***	
Driver's license number Expiration date							☐ Operator	□ Com	mercial (CDL)	□Chauffeur
Have you had any accidents during the past Have you had any moving violations during				t three years?			How many?			
,					1	CE ONLY				
Typing	□ Yes		_WPM		10-key	□ Yes	Word Proces	sing	□ Yes □ No	WPM
Personal Computer	□ Yes □ No	PC Mac								
										·
Please list to	wo references	s other th	an relative:	s or prev	ious emp	oloyers.				
Name						Name				
Position						Position				
Company _						Company	/			
Address						Address				
	17.0									
Telephone	()					Telephon	ne ()			
An application form sometimes makes it difficult for an individual to adequately summarize a complete background. Use the space below to summarize any additional information necessary to describe your full qualifications for the specific position for which you are applying.										
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APPLICATION FOR LIMPEOTIMENT						
MILITARY						
HAVE YOU EVER BEEN IN THE ARMED FORCES? ☐ Yes ☐ No						
ARE YOU NOW A MEMBER OF THE NATIONAL GUARD?	☐ Yes ☐	No				
Specialty Date Entered Discharge Date						
Work Please list your work experience for the past five years beginning with your most recent job held.  Experience If you were self-employed, give firm name. Continue on next page if necessary.						
Name of employer Address	Name of last supervisor	Employment dates	Pay or salary			
City, State, Zip Code Phone number		From	Start			
		То	Final			
	Your last job title					
Reason for leaving (be specific)						
List the jobs you held, duties performed, skills used or learned, advancements or promotions while you worked at this company.						
	Name of last	Employment dates	Pay or salary			
Name of employer Address	Name of last supervisor	Employment dates	Fay Or Salary			
City, State, Zip Code Phone number		From	Start			
There hamber		То	Final			
	Your Last Job Title					
Reason for leaving (be specific)						
List the jobs you held, duties performed, skills used or learned, advancements or promotions while you worked at this company.						



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		AI 1 LI 0	ATIONT	SK ENII EOTHIENT			
Work experience  Please list your work experience for the past five years beginning with your most recent job held.  If you were self-employed, give firm name. Attach additional sheets if necessary.							
Name of employer Address			Name of last supervisor	Employment dates	Pay or salary		
City, State, Zip Code Phone number				From	Start		
, Trione names					То	Final	
			Your last job title				
Reason for leav	ing (be specific)						
List the jobs you held, duties performed, skills used or learned, advancements or promotions while you worked at this company.							
				I	T		
Name of employ Address	ver			Name of last supervisor	Employment dates	Pay or salary	
City, State, Zip Code Phone number					From	Start	
					То	Final	
				Your last job title			
Reason for leaving (be specific)							
List the jobs you company.	held, duties performed, sk	ills used o	r learned,	advancements or pro	motions while you wo	rked at this	
May we contact	your present employer?	☐ Yes	□ No				
Did you complete this application yourself ☐ Yes ☐ No							
If not, who did?				#10 mm			



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#### PLEASE READ CAREFULLY

### **APPLICATION FORM WAIVER**

In exchange for the consideration of my job application by Industrial Steel, Inc. (hereinafter called "the Company"), I agree that:

Neither the acceptance of this application nor the subsequent entry into any type of employment relationship, either in the position applied for or any other position, and regardless of the contents of employee handbooks, personnel manuals, benefit plans, policy statements, and the like as they may exist from time to time, or other Company practices, shall serve to create an actual or implied contract of employment, or to confer any right to remain an employee of Industrial Steel, Inc., or otherwise to change in any respect the employment-at-will relationship between it and the undersigned, and that relationship cannot be altered except by a written instrument signed by the President /General Manager of the Company.

I authorize investigation of all statements contained in this application. I understand that the misrepresentation or omission of facts called for is cause for dismissal at any time without any previous notice. I hereby give the Company permission to contact schools, previous employers (unless otherwise indicated), references, and others, and hereby release the Company from any liability as a result of such contact.

I also understand that (1) the Company has a drug and alcohol policy that provides for pre-employment testing as well as testing after employment; (2) consent to and compliance with such policy is a condition of my employment; and (3) continued employment is based on the successful passing of testing under such policy. I further understand that continued employment may be based on the successful passing of job-related physical examinations.

I understand that, in connection with the routine processing of your employment application, the Company may request from a consumer reporting agency an investigative consumer report including information as to my credit records, character, general reputation, personal characteristics, and mode of living. Upon written request from me, the Company, will provide me with additional information concerning the nature and scope of any such report requested by it, as required by the Fair Credit Reporting Act.

I further understand that my employment with the Company shall be probationary for a period of ninety (90) days, and further that at any time during the probationary period or thereafter, my employment relation with the Company is terminable at will for any reason by either party.

Print Name	Date:
Signature of applicant	Date:
This Company is an equal employment opportunity employer. We adhe decisions without regard to race, color, religion, sex, sexual orientation, nation We assure you that your opportunity for employment with this Company deposition.	nal origin, citizenship, age or disability.
Thank you for completing this application form and for your in	nterest in our business.