

## **EMPLOYMENT APPLICATION**

We ask that you cooperate by carefully answering all questions. What we know about you will help us assist you in making progress with our organization if you are employed.

Today's Date:

		Personal Data	ı						
Name:	MIDDLE	LAST	s	Social Security #: _					
	own by any other name?		/ no _						
Present Address:	Sity State	Zinaada	H	How long have yo	ou lived there?				
	Email:								
Position applying for: _			_ W	hen available fo	r work?				
Are you currently employed: yes / no Current Shift: 1st / 2nd / 3rd									
Have you ever applied / been employed by us? yes / no Are you over the age of 18? yes / no									
Have you ever been convicted of any violation of the law? (Misdemeanor or felony) yes / no									
Relatives employed by	us? yes / no								
Do you have a current h	Kansas Driver's License?	yes / no	CDL?	yes / no	Class? A /	В			
		Education							
High School Diploma/GED? yes / no			Post Secondary? yes / no						
Name of Institution:			Dates Attended:						
Courses Studied:			Graduated? yes / no						
Name of Institution:			Dates Attended:						
Courses Studied:			Graduate	ed? yes / no					
		Work Experien	ce						
Firm Name:	City/Sta	ate:		Phone:					
Position:	From: T	o:	Salary-St	tarting:	Ending:				
Supervisor's Name:	Describe Duties:								
Reason for Leaving:									
Firm Name:	City/Sta	ate:		Phone:					
	From: T								
Supervisor's Name:	Describe Duties:								
	City/State:		Phone:						
Position:	From: T	o:	Salary-St	tarting:	Ending:				
Supervisor's Name:	De	escribe Duties:							
Reason for Leaving:									

Physical / Drug Free Workplace  Salina Steel Supply, Inc. is a "Drug-Free Workplace." All entering employees must pass a drug screen as a condition of employment.							
SSS Follows state guidelines		Do you use tobacco products?	yes / no				
Any comments you would like	e to make:						
Employment Skills							
Check type(s) MACHINE /	' EQUIPMENT you have opera	ated:					
( ) Overhead Crane	( ) Shear	( ) Fork Lift	( ) Tape Measure				
()Band Saw	( ) Iron Worker	( ) CNC Equipment	( ) Blue Print Reading				
Check all applied for PAIN	ITING:	( ) Air-Less Painting	( ) Respirator				
Check type(s) of MAINTEN	NANCE:						
( ) Electrical	() Single Phase	( ) Three-Phase					
( ) Industrial Mechanical	. ,						
Check type(s) of OFFICE:  ( ) Data Entry	( ) Excel	( ) Word	( ) Computer				
( ) Data Entry ( ) Payroll Processing	· /	( ) Word ( ) Quick Books	( ) Accounting				
( ) Sales	( ) CNC Programming	()Purchasing	( ) Bid Calculations				
( ) Project Management		( ) Human Resources	( ) Benefits				
() Scheduling	( ) Customer Service						
What type of work do you	enjoy most?						
	Additiona	al Information					
Are you willing to work ove	ertime? yes / no						
Are you available to work	1st shift? (approx. 6:00am-6:00	pm) yes / no Hours Av	/ailable				
Are you available to work :	2nd shift? (approx. 6:00pm-6:00	0am) yes / no Hours Av	/ailable				
Are you interested in the Health Insurance? yes / no							
Are you interested in the Wellness Program? yes / no							
ALL APPLICANTS READ FOLI	LOWING STATEMENT CAREFU	JLLY AND SIGN BELOW:					
		I authorize the company to contact					
references, and all other sources listed in this application. I further understand that any false, misleading, or incorrect statements may render this application void, and, if employed, may be grounds for immediate termination. Completion of							
this form does not assure me	e a position with this Company no	or obligate the Company in any wa	y. I further understand that				
employment with Salina Stee	el Service, Inc. is employment at v	will as provided by the statues of the	he State of Kansas, and that				
		s from time to time and to terminat tand that this is a preliminary appli					
	will be notified to continue application process.						

Date:

Signature: