



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. Print name in full, but fill in remainder of application in longhand. Today's Date: _____

Name: _____
FIRST MIDDLE LAST

Have you ever been known by any other name? Yes No Please list: _____

Present Address: _____ How long have you lived there? _____
City State Zipcode

Please list former residences in the last 3 years:

		From	To
1	_____	How long did you live there?	_____
2	_____	How long did you live there?	_____
	<small>City State Zipcode</small>		

Cell Phone #: _____ Other Phone #: _____

Email address: _____

Position applying for: _____ When available for work? _____

Present employment status: _____ Does present employer know you are planing to leave? Yes No

What types of work do you enjoy doing most? _____

Are there any skills, qualifications or experiences which you feel would particularly help you to work for SSS? Yes No

Please list: _____

Have you ever applied / been employed by us? Yes No When? _____ Where? _____

Names of relatives employed by us: _____

Who referred you to us for employment? Indeed Friend _____ Kansas Works
 Radio Internet (list) _____ SSS Web Site Other (please list) _____

Are you over the age of 18? Yes No
(If no, employment is subject to verification that you are of minimum legal age)

Have you ever been convicted of any violation of the law? (Misdemeanor or felony) Yes No

If so, give particulars _____
(Conviction is not an absolute bar to employment, but will be considered only in relation to specific job requirements.)

I have no objections, if it appears to be necessary, to having my name submitted to law enforcement authorities for checking. (Please sign) _____

Do you have any limitations that would prevent you from successfully performing the essential duties of the job for which you are applying with or without accommodation? Yes No

If yes, please list: _____

Military: Have you received notice to report for active duty? Yes No

Employment History: Give your employment history as completely and accurately as possible beginning with your present or last employer. List other employers and any periods of unemployment in the space provided.

1. Firm Name: _____ City/State: _____ Phone: _____
 Position: _____ From: _____ To: _____ Salary-Starting: _____ Ending: _____
 Supervisor's Name: _____ Describe Duties: _____

Reason for Leaving: _____
 May we contact? Yes No If no, why: _____

2. Firm Name: _____ City/State: _____ Phone: _____
 Position: _____ From: _____ To: _____ Salary-Starting: _____ Ending: _____
 Supervisor's Name: _____ Describe Duties: _____

Reason for Leaving: _____
 May we contact? Yes No If no, why: _____

3. Firm Name: _____ City/State: _____ Phone: _____
 Position: _____ From: _____ To: _____ Salary-Starting: _____ Ending: _____
 Supervisor's Name: _____ Describe Duties: _____

Reason for Leaving: _____
 May we contact? Yes No If no, why: _____

Were you ever bonded? Yes No On which jobs? _____

EDUCATION

	SCHOOL NAME and LOCATION	TYPE of COURSE	# of Years	Did You	Degree
			Attended	Graduate?	Received?
1. High					
2. College					
3. Graduate					
4. Other					

REFERENCES: List three (3) professional references.

	Name	Email Address	Phone #	How Long Known
1.				
2.				
3.				

FOLLOWING QUESTIONS TO BE ANSWERED BY OFFICE APPLICANTS ONLY

Please specify the degree of experience you have in the following areas by using numbers 0 through 4.

0 = No experience 1 = Exposure to 2 = Job Experience 3 = At least 3 years Daily Experience 4 = Area of Expertise

COMPUTER APPLICATIONS

- Microsoft applications
- Word
- Excel
- Publisher
- Data Base
- Network
- Programming Language
- Publication Design/Lay-Out
- Video Development/Production

OFFICE SKILLS

- Data Input / Key punch
- Receptionist
- Number of Phone Lines _____
- Order Office Supplies
- Express Mail
- Postage Meter/Bulk Mailings
- Secretarial/Filing
- Scanning
- Petty Cash
- Newsletter Publication
- Office Manager

MANAGEMENT

- Construction Contracts and Leases
- Insurance Management
- Strategic Planning
- Corporate Development
- Incentive Plans
- Company Officer (title) _____

TRUCKING MANAGEMENT

- Weight Calculation
- DOT Regulations
- Scheduling & Routing
- Maintenance Scheduling
- Safety Inspection
- Supervise Drivers
- # of Drivers _____

ESTIMATING/SALES/MARKETING

- Marketing/Website
- Social Media
- Outside Sales-phone
- A305 Updates
- Specs/Scope Review
- Read Design Drawings
- Bid Calculation and Compilation

ACCOUNTING

- Bank Reconciliation
- Prepare Input of P.O.s
- Verifying Vendor Accuracy
- Invoice Verification
- Coordinate Invoice Approval
- Cash Receipts
- Check Processing
- Sales/Use Tax Return
- A/P Vouchers
- Contract/Purchase Negotiations
- AIA Construction Billing
- Contract Accounting
- Subcontract Accounting
- Certified Payroll
- Cash Flow Projections
- Credit and Collections
- Time Cards / Tie Out
- Payroll Processing
- Garnishment
- 3rd Party Processing _____
- Payroll Tax Returns
- Income Tax Returns
- Depreciation Schedules
- Multi-Company Bookkeeping
- Loan Management
- Financial Statement Preparation
- Cash Investments
- Work In Process
- Inventory Reporting
- Asset Management
- Accounting Manager

PURCHASING/INVENTORY CONTROL

- Inventory Control
- Cycle Counts
- Negotiation
- Receiving
- Coordinating Approval of Invoice
- Input of P.O.s
- Verifying Vendor Accuracy
- Metallurgy
- Inventory Reporting

ADDITIONAL SKILLS

PRODUCTION MGMT.

- Production Management
- CNC Programming
- Shop Data Yes No
- _____
- Production Scheduling
- Blueprint Reading
- Supervision
- # of Employees _____
- Shipping
- Receiving

PROJECT MANAGEMENT

- Project Management
- Field Supervision
- Dispatching
- Contract Budgets/Contract Cash Flow
- Project Scheduling
- Cost to Complete
- Construction Contract/Subcontract
- Purchasing
- Invoice Verification
- AISC Code of Standard Practice

STRUCTURAL DETAILING

- Manual Detailing
 - Detailing Software
-

H.R. MANAGEMENT

- Human Resource Management
- Benefit Administration
- Recruiting/Candidate Selection
- Social Media
- Unemployment Law
- Labor Law
- Worker's Compensation
- Environmental Law
- Safety Management
- OSHA Compliance
- EPA Compliance
- Policy Development
- Policy Enforcement/Discipline
- Training Development & Delivery
- Employee Development
- Six Sigma / Lean Mgmt

Do you have valid Kansas Driver's License: Yes No Class _____ Expires _____

List all other states in which you are now licensed, types of licenses held, license number and expiration dates.

Driving experience: I have driven a motor vehicle since (Date): _____ Years of Experience _____

Check and List Types of vehicles you have driven	Approximate Miles Driven	Years of Experience
() Passenger Car		
() Trucks (1 1/2 tons)		
() Truck over 1 1/2 tons		
() Trailer Combinations		

RECORD OF ACCIDENTS:

Have you had any accidents involving damage to equipment driven by you or to property of others? Yes No

If yes, give particulars (date, reason, result, etc.) _____

Do you know the traffic laws of this City and State? Yes No

Drivers in the Company are held responsible for all laws they break. Do you accept this rule? Yes No

Do you have any physical defects that would interfere with your driving a motor vehicle with absolute safety? Yes No

If yes, give particulars: _____

PHYSICAL: Salina Steel Supply, Inc. is a "Drug-Free Workplace." All entering employees must pass a drug screen as a condition of employment.

Are you opposed to random drug testing? Yes No

Are you willing to submit to a physical examination upon an offer of employment? Yes No

PKM Follows state guidelines of smoke free facilities.

I hereby give my voluntary consent to be subjected to a physical examination upon an offer of employment, to determine if I have physical that would prevent me from performing the "essential functions" of this position assignment. **I also consent to submit to a hair drug screen upon an offer of employment as a requirement of employment as prescribed by SSS Steel Supply, Inc.'s "Drug-Free Workplace" Policy.** The results of the tests performed on my specimen will be released only to an authorized representative of SSS Steel Supply, Inc. I also understand that failure to consent to a drug screen will be considered as my voluntary withdrawal of my application for employment. I understand that these exams are voluntary and required of all entering employees as a condition of employment. I further understand that all information gathered as a result of these exams will be treated as confidential medical records. "Drug -Free Workplace Policy States testing for: Reasonable suspicion, accident and/or incident testing, Post Offer, Pre-employment testing, Random Testing."
PLEASE SIGN: _____

ALL APPLICANTS READ FOLLOWING STATEMENT CAREFULLY AND SIGN BELOW:

I hereby certify that all questions are accurately answered and I authorize the company to contact my former employers, 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 a position with this Company nor obligate the Company in any way. I further understand that employment with SSS Steel Supply, Inc. is employment at will as provided by the statutes of the State of Kansas, and that the Company reserves the unilateral right to modify its policies from time to time and to terminate my employment with the Company at any time for any reason. I further understand that this application will remain active for not longer than six (6) months from this date. Selected candidates will be notified by written conditional offer.

Signature: _____ Date: _____