



Application for Employment

Flat Rock Metal, Inc.
Bar Processing Corporation
Steel Dimensions, Inc.

We consider applicants for all positions without regard to race, color, religion, creed, gender, national origin, age, disability, marital or veteran status, sexual orientation, or any other legally protected status.

(PLEASE PRINT)

Position(s) Applied For	Date of Application
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How Did You Learn About Us?

- Advertisement Friend Walk-In
 Employment Agency Relative Other _____

Last Name	First Name	Middle Name			
Address	Number	Street	City	State	Zip
Telephone Number(s)	Social Security Number				

If you are under 18 years of age, can you provide required proof of your eligibility to work? Yes No
If Yes, give date _____

Have you ever filed an application with us before? Yes No
If Yes, give date _____

Are you currently employed? Yes No

May we contact your present employer? Yes No

Are you legally authorized to work in the United States? Yes No
In compliance with federal law, all persons hired will be required to verify identity and eligibility to work in the United States and to complete the required employment eligibility verification form upon hire.

On what date would you be available for work? _____

Are you available to work: Full Time Part Time Shift Work Temporary

Are you currently on "lay-off" status and subject to recall? Yes No

Can you travel if a job requires it? Yes No

WE ARE AN EQUAL OPPORTUNITY EMPLOYER

Education

	Name and Address of School	Course of Study	Years Completed	Diploma Degree
Elementary School				
High School				
Undergraduate College				
Graduate Professional				
Other (Specify)				

Indicate any foreign languages you can speak, read and/or write.			
	FLUENT	GOOD	FAIR
SPEAK			
READ			
WRITE			

Describe any specialized training, apprenticeship, skills and extra-curricular activities.
Describe any job-related training received in the United States military.

Employment Experience

Start with your present or last job. Include any job-related military service assignments and volunteer activities. You may exclude organizations which indicate race, color, religion, gender, national origin, disabilities or other protected status.

1	Employer	Dates Employed		Work Performed
		From	To	
	Address			
	Telephone Number(s)			
	Job Title	Supervisor		
	Reason for Leaving			
2	Employer	Dates Employed		Work Performed
		From	To	
	Address			
	Telephone Number(s)			
	Job Title	Supervisor		
	Reason for Leaving			
3	Employer	Dates Employed		Work Performed
		From	To	
	Address			
	Telephone Number(s)			
	Job Title	Supervisor		
	Reason for Leaving			
4	Employer	Dates Employed		Work Performed
		From	To	
	Address			
	Telephone Number(s)			
	Job Title	Supervisor		
	Reason for Leaving			

If you need additional space, please continue on a separate sheet of paper.

<p>References: (List professional, trade, business or civic activities and offices held). <i>You may exclude membership which would reveal gender, race, religion, national origin, age, ancestry, disability or other protected status:</i></p>

Applicant's Statement

I certify that answers given herein are true and complete to the best of my knowledge

I authorize investigation of all statements contained in this application for employment as may be necessary in arriving at an employment decision.

This application for employment shall be considered active for a period of time not to exceed 45 days. Any applicant wishing to be considered for employment beyond this period should inquire as to whether or not applications are being accepted at that time.

I hereby understand and acknowledged that, unless otherwise defined by applicable law, any employment relationship with this organization is of an "at will" nature, which means that the Employee may resign at any time and the Employer may discharge Employee at any time with or without cause. It is further understood that this "at will" employment relationship may not be changed by any written document or by conduct unless such change is specifically acknowledged in writing by an authorized executive of this organization.

In the event of employment, I understand that false or misleading information given in my application or interview(s) may result in discharge. I understand, also, that I am required to abide by all rules and regulations of the employer.

Signature of Applicant

Date

Substance Abuse Policy

Flat Rock Metal/Bar Processing makes every effort to provide its employees with a drug and alcohol-free workplace. Part of that process involves drug screening as part of the employment process. Applicants testing positive will be disqualified from consideration. All employees must comply with the Alcohol and Substance Abuse Policy of Flat Rock Metal/Bar Processing. Employees in violation of the Alcohol and Substance Abuse Policy are subject to termination of employment.

Signature of Applicant

Date

Authorization

I hereby authorize and request any present or former employer, school, police department, or other persons having personal knowledge about me, to furnish bearer with any and all information in their possession regarding me in connection with an application for employment, exclusive of my medical records.

I am willing that a photocopy of this authorization be accepted with the same authority as the original. I understand this authorization is to be part of the written employment application which I sign.

Signature of Applicant

Date