



We are an Alcohol and Drug Free Employer

An **Alcohol and Drug Test** will be required upon employment. If you fail your pre-employment drug test, you will be terminated immediately and **any charges for testing will be deducted from your paycheck**

I have read and understand the above paragraph and agree to pay the charges for a failed test

Signature and Date

Applications are to be returned during the following hours:
Monday through Friday
9:00am – 11:00am
1:30pm – 4:00pm

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

<u>FOR PERSONNEL DEPARTMENT ONLY</u>		Application Date _____
Arrange Interview [] Y or [] N	Remarks _____	
Interviewer _____	Date _____	
Date of Employment _____	Job Title _____	WC CODE _____
Hourly Rate/Salary _____		
DRIVER: _____	NOT ALLOWED _____	COMPANY VEHICLE _____
	CDL-B _____	CDL-A _____
By: _____	Date: _____	
Name and Title of Hiring Manager		
APPROVED BY: _____		
Vice President or President		

Equal Employment Opportunity Statement:

Employment decisions will be based on the principles of equal opportunity. All personnel actions (recruiting, hiring, training, promotion, compensation, etc.) are administered without regard to any characteristic protected by state, federal or local law, assuming said characteristic does not interfere with the performance of essential job functions. Reasonable accommodations will be made for disabilities and religious beliefs.

Please inform us of any necessary accommodations to the application process. Please print.

APPLICANT INFORMATION

DATE: __ / __ / __

Applicant Name: _____ Nickname: _____

Home Phone: _____ Alternative Phone: _____

Email Address: _____

Street Address: _____

City & State: _____ Zip: _____

How were you referred to the company? _____

EMPLOYMENT POSITIONS

Position(s) applying for: _____ Salary Desired: _____

* Temporary Work Regular Part-Time Work Regular Full-Time Work

What days and hours are you available for work? Hours: _____

Check: Sun Mon Tues Wed Thurs Fri Sat

* Can you work on the weekends? Yes No

* If hired, on what date can you start working? ____ / ____ / ____

* Are you available to work overtime? Yes No

* Do you have a valid driver's license? Yes No

(An invalid driver's license will not necessarily disqualify applicant from employment)

* Can you travel if a job requires it? Yes No

* Have you had any traffic violations within the past 3 years? Yes No

If yes, give violations and dates: _____

(This information will be verified with our insurance company)

* Are you currently employed? Yes No May we contact current employer? Yes No

Employer Name & Phone #: _____

PERSONAL INFORMATION

How did you learn about Porter Steel, Inc?

Advertisement—Specify: _____

Employment Agency—Specify: _____

Employee Referral - Which employee? _____

Other—Specify: _____

Name: _____

* Are you over the age of 18? Yes No (If under 18, hire is subject to verification of minimum legal age)

* Have you ever applied to or worked for Company before? Yes No

If yes, please explain (include date): _____

* Do you have any friends, acquaintances or relatives working for Company? Yes No

If yes, state name & relationship: _____

* Do you have reliable transportation to & from work? Yes No

* Are you legally permitted to work in the United States? Yes No

Note: Proof of eligibility will be required within three working days of employment.

* Are you willing to submit to and pass a controlled substance test? Yes No

* Are you able to perform the essential functions of the job for which you are applying, either with or without reasonable accommodation? Yes No

If no, describe the functions that cannot be performed: _____

(Note: Company complies with the ADA and considers reasonable accommodation measures that may be necessary for eligible applicants / employees to perform essential duties. It is possible that a hire may be tested on skill/agility and may be subject to a medical examination conducted by a medical professional.)

* Have you ever been convicted of a criminal offense (felony or misdemeanor)? Yes No

If yes, describe the crime-state nature of crime(s), when and where convicted and the disposition of the case: _____

(Note: No applicant will be denied employment solely on the grounds of conviction of a criminal offense. The date of the offense, the nature of the offense, including any significant details that affect the description of the event, and the surrounding circumstances and the relevance of the offense to the position(s) applied for may, however be considered.)

* Do you have experience in structural steel work? Yes No If yes, please describe below: _____

* This job requires you to lift 25 pounds throughout the shift. Are you able to do it? Yes No

EDUCATION AND TRAINING

High School:

School Name: _____

School Address: _____

School City, State, Zip: _____

Years Completed: _____

Did you graduate? Yes No

Degree / Diploma Earned: _____

College / University / Vocational School:

School Name: _____

School Address: _____

School City, State, Zip: _____

Years Completed: _____

Did you graduate? Yes No

Degree / Diploma Earned: _____

Military

Branch: _____

Rank: _____

Total Years of Service: _____ Skills/Duties: _____

Related Details: _____

EMPLOYMENT EXPERIENCE (LIST MOST RECENT EXPERIENCE FIRST)

Current / Most Recent Employment:

Employer Name: _____

Title / Position: _____

Employer Address: _____

Employed From: ___ / ___ to ___ / ___

Employer City, State, Zip: _____

Hours Worked: _____

Supervisor Name: _____ Phone: _____

Salary / Hourly: _____

Previous Employment:

Employer Name: _____

Title / Position: _____

Employer Address: _____

Employed From: ___ / ___ to ___ / ___

Employer City, State, Zip: _____

Hours Worked: _____

Supervisor Name: _____ Phone: _____

Salary / Hourly: _____

Previous Employment:

Employer Name: _____

Employer Address: _____

Employer City, State, Zip: _____

Supervisor Name: _____ **Phone:** _____

Title / Position: _____

Employed From: ___ / ___ to ___ / ___

Hours Worked: _____

Salary / Hourly: _____

REFERENCES

Reference Name: _____

Reference Address: _____

Reference City, State, Zip: _____

Phone: _____

Relationship: _____

Reference Name: _____

Reference Address: _____

Reference City, State, Zip: _____

Phone: _____

Relationship: _____

Reference Name: _____

Reference Address: _____

Reference City, State, Zip: _____

Phone: _____

Relationship: _____

APPLICANT'S STATEMENT

I certify that the information provided in this application is true, to the best of my knowledge.

I understand that providing false or misleading information at any time during the application and interview process may lead to refusal to hire or discharge from the Company. If I become employed by the Company, I agree to follow all rules and regulations of the Company as they develop and change.

I allow the Company to conduct investigations on me, my background and my performance, and am aware that such investigations will become a part of my employment record. With this, I authorize the Company to speak with my acquaintances, personal and professional, to gather information about me.

I authorize all former employers and references to provide any information about me to the Company, and release them of liabilities and damages of all kinds for providing this information. I authorize the Company to verify the accuracy of the information within this application. I also authorize the release of my educational transcripts to the Company for education verification purposes.

I release Porter Steel, Inc from liability for collecting information about me and using it to make employment decisions.

If I become employed by the Company, I understand that the employment relationship will be “at will,” and that the “at will” status may not change at any time **unless such change is specifically acknowledged in writing by an authorized executive of this organization.**

I agree that if I become indebted to the Company, I will be responsible for repaying the total owed upon termination from the Company. If I do not repay the sum prior to my final paycheck being received, the money owed will be deducted from my pay.

This application for employment is valid for the next 90 days. I understand that if I wish to be considered for employment after this period of time, I must apply again.

Applicant Signature

Date

GENERAL MATH TEST

SECTION 1

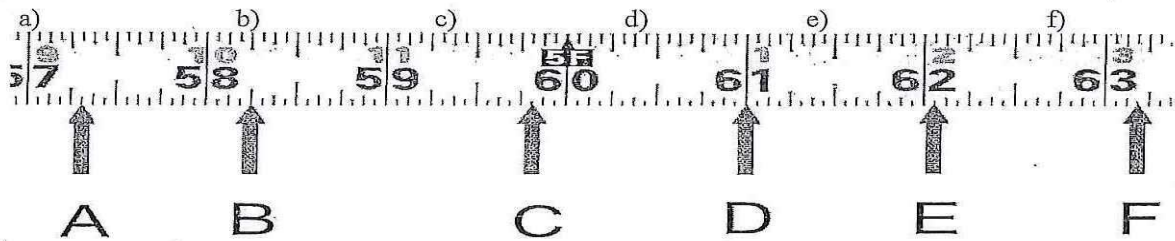
- 1) $5 \times 5 =$ _____ (Use this side for work space if needed)
- 2) $6 \times 6 =$ _____
- 3) $3 \times 9 =$ _____
- 4) $7 \times 7 =$ _____
- 5) $9 \times 9 =$ _____
- 6) $1'' - 3/8'' =$ _____
- 7) $1-1/2'' - 5/8'' =$ _____
- 8) $1-1/4'' - 5/16'' =$ _____

SECTION 2

- 1) If you cut a 45 degree angle on a pipe and a 58 degree angle on another and put them together, what will the angle on the pipe be? _____
- 2) If you took two pieces of pipe and joined them together to make a 56 degree angle, at what angle would you cut the two pieces of pipe? _____
- 3) What electrodes are you most familiar with? _____

SECTION 3

INDICATE EACH MEASUREMENT:



- A) _____ B) _____ C) _____ D) _____ E) _____ F) _____