

# Iron Specialties, Inc.

410 East 3rd Street  
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Atlantic, Iowa 50022  
712-243-4881  
ironspecialties@live.com  
www.ironspecialties.com

Date: \_\_\_\_\_

## GENERAL INFORMATION:

Full Name: \_\_\_\_\_

Full Current Address: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Or leave message at (name & #): \_\_\_\_\_

Social Security Number: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

What Position are you applying for? \_\_\_\_\_ Full Time: \_\_\_\_\_ Part Time: \_\_\_\_\_

What date will you be available to start? \_\_\_\_\_



## JOB-RELATED SKILLS:

Prior steel experience: \_\_\_\_\_

Other related experience: \_\_\_\_\_

Do you have any injuries or illnesses that may impact or interfere with your job performance: \_\_\_\_\_

If yes, explain: \_\_\_\_\_

Do you have a valid driver's license? \_\_\_\_\_ If yes, DL# \_\_\_\_\_ State: \_\_\_\_\_

Other information you would like to add: \_\_\_\_\_



## EDUCATION:

Highest Grade Completed: \_\_\_\_\_ Location: \_\_\_\_\_

College: \_\_\_\_\_ Studies: \_\_\_\_\_



## SECURITY:

Have you ever gone by another name? \_\_\_\_\_ If yes, please list: \_\_\_\_\_

Have you ever used a different SS#? \_\_\_\_\_ If yes, please explain: \_\_\_\_\_

Have you been convicted of a crime in the last 7 years? \_\_\_\_\_ If yes, explain: \_\_\_\_\_

\_\_\_\_\_

**EMPLOYMENT HISTORY:**

**Most recent employer:**

Company: \_\_\_\_\_ Supervisor: \_\_\_\_\_  
Address: \_\_\_\_\_ Phone #: \_\_\_\_\_  
Dates employed: \_\_\_\_\_ Reason for leaving: \_\_\_\_\_  
Rate of Pay: \_\_\_\_\_ Duties: \_\_\_\_\_

**Second most recent employer:**

Company: \_\_\_\_\_ Supervisor: \_\_\_\_\_  
Address: \_\_\_\_\_ Phone #: \_\_\_\_\_  
Dates employed: \_\_\_\_\_ Reason for leaving: \_\_\_\_\_  
Rate of Pay: \_\_\_\_\_ Duties: \_\_\_\_\_

**Third most recent employer:**

Company: \_\_\_\_\_ Supervisor: \_\_\_\_\_  
Address: \_\_\_\_\_ Phone #: \_\_\_\_\_  
Dates employed: \_\_\_\_\_ Reason for leaving: \_\_\_\_\_  
Rate of Pay: \_\_\_\_\_ Duties: \_\_\_\_\_



**REFERENCES:**

Name: \_\_\_\_\_ Address: \_\_\_\_\_  
Phone: \_\_\_\_\_ Relationship: \_\_\_\_\_

Name: \_\_\_\_\_ Address: \_\_\_\_\_  
Phone: \_\_\_\_\_ Relationship: \_\_\_\_\_

Name: \_\_\_\_\_ Address: \_\_\_\_\_  
Phone: \_\_\_\_\_ Relationship: \_\_\_\_\_



I certify that the answers given by me to the foregoing questions and the statements made by me are complete and true to the best of my knowledge and belief. I understand that any false information, omissions or misrepresentations of facts called for in this application, whether on this document or not, may result in rejection of my application or discharged at any time during my employment. I authorize the company and/or its agents, including consumer reporting bureaus, to verify any of this information. I authorize all former employers, persons, schools, companies and law enforcement authorities to release any information concerning my background and hereby release any said persons, schools, companies and law enforcement authorities any liability for any damage whatsoever for issuing this information. I also understand that the use of illegal drugs is prohibited during employment. If company policy requires, I am willing to submit to drug testing to detect the use of illegal drugs prior to and during employment.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_