



# Application for Employment

Allied Steel is an Equal Opportunity Employer  
Our Company intends to comply fully with  
all applicable Federal and State employment laws.

## Employee Information

Name:

\_\_\_\_\_  
*Last*                              *First*                              *MI*

Address:

\_\_\_\_\_  
*Street*                              *City*                              *State*                              *ZIP*

Phone:

\_\_\_\_\_  
*Main (Cell or Home)*    *Email Address*

**Position Applying For:**                      **Desired Starting Wage:**                      **Date Available:**                      **Eligible to work in the United States?**

Yes  No

Have you ever worked in a Structural Steel Fabrication Plant?

Yes  No

Have you worked for Allied Steel in the past?

Yes  No

Have you been voluntarily terminated from any job or asked to resign from any job for reasons relating to your behavior or job performance?

Yes  No

Have you been convicted of a felony crime in the past 7 years?

Yes  No

If yes, please explain:

\_\_\_\_\_  
\_\_\_\_\_

Are you at least 18 years of age?

Yes  No

**Education** A resume has been provided that contains this information   
(If marked, please skip this section)

Last Level of Education Completed	Some High School	<input type="checkbox"/>	Please list focus area: _____ _____ _____ _____ _____
	High School Diploma or Equivalent	<input type="checkbox"/>	
	Some College	<input type="checkbox"/>	
	Certificate	<input type="checkbox"/>	
	Associates	<input type="checkbox"/>	
	Bachelors	<input type="checkbox"/>	
	Masters or Doctorate	<input type="checkbox"/>	

# Employment History

A resume has been provided that contains this information   
(If marked, please skip this section)

<b>Position</b>	<b>General Description of Duties</b>
<b>Company name</b>	
<b>Company Phone</b> <b>Location (City, State)</b>	
<b>Supervisor Name</b>	
<b>Supervisor Phone or Email</b>	
<b>Reason for leaving</b>	
<b>Dates</b> <i>From:</i> <i>To:</i> <i>Current:</i> <input type="checkbox"/>	May we contact this employer? Yes <input type="checkbox"/> No <input type="checkbox"/>

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## References

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(If marked, please skip this section)

Name:	_____	Phone #:	_____
Yrs. known:	_____	Relationship to you:	_____
Name:	_____	Phone #:	_____
Yrs. known:	_____	Relationship to you:	_____
Name:	_____	Phone #:	_____
Yrs. known:	_____	Relationship to you:	_____

### PLEASE READ CAREFULLY:

I certify that the information contained in this application is true and complete to the best of my knowledge. I understand that false or misleading facts or omission of information or other information associated with my application for employment is grounds for refusal to hire, rejection of the application or, if hired, dismissal of employment.

I authorize any of the persons or organizations referred to in this application to give you any and all information concerning my previous employment, education, or any other information they might have, personal or otherwise, with regard to any of the subjects covered by this application and release all such parties from all liability for and damage that may result from furnishing such information to you. I authorize you to request and receive such information, and I will indemnify you against any liability that may result from making such investigation.

I understand that nothing contained in this employment application or in the granting of an interview is intended to create an employment contract between this company and myself for either employment or for providing any benefit.

I acknowledge the Company's policy to hire only authorized workers and any offer of employment to me by this company is contingent upon my timely completing INS Form I-9 and producing the proper documents required by the Immigration Reform and Control Act of 1986 and may not be amended. My failure to meet these requirements within the specified time limit will result in the termination of my employment.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

## Optional (but highly encouraged) skills index:

Please check all jobs/duties that apply to you. Note the employer and experience (time) you have for that job/duty

	Yes	No	Employer	Experience
Master Welder	<input type="checkbox"/>	<input type="checkbox"/>		
Fitter (Fabricator)	<input type="checkbox"/>	<input type="checkbox"/>		
Welder	<input type="checkbox"/>	<input type="checkbox"/>		
Fitter	<input type="checkbox"/>	<input type="checkbox"/>		
Cutting	<input type="checkbox"/>	<input type="checkbox"/>		
Shearing	<input type="checkbox"/>	<input type="checkbox"/>		
Rolling	<input type="checkbox"/>	<input type="checkbox"/>		
Punching	<input type="checkbox"/>	<input type="checkbox"/>		
Grinding	<input type="checkbox"/>	<input type="checkbox"/>		
Drilling	<input type="checkbox"/>	<input type="checkbox"/>		
Layout	<input type="checkbox"/>	<input type="checkbox"/>		
Print Reading	<input type="checkbox"/>	<input type="checkbox"/>		
Structural Fabrication	<input type="checkbox"/>	<input type="checkbox"/>		
Pipe Fabrication	<input type="checkbox"/>	<input type="checkbox"/>		
Mobile Crane	<input type="checkbox"/>	<input type="checkbox"/>		
Over-head Crane	<input type="checkbox"/>	<input type="checkbox"/>		
Forklifts	<input type="checkbox"/>	<input type="checkbox"/>		
Sandblasting	<input type="checkbox"/>	<input type="checkbox"/>		
Painting (structural steel)	<input type="checkbox"/>	<input type="checkbox"/>		
General Laborer	<input type="checkbox"/>	<input type="checkbox"/>		
Job Shop	<input type="checkbox"/>	<input type="checkbox"/>		
Machine Shop	<input type="checkbox"/>	<input type="checkbox"/>		
Design work	<input type="checkbox"/>	<input type="checkbox"/>		
Management	<input type="checkbox"/>	<input type="checkbox"/>		
Bidding	<input type="checkbox"/>	<input type="checkbox"/>		
Estimating	<input type="checkbox"/>	<input type="checkbox"/>		
Steel Detailing	<input type="checkbox"/>	<input type="checkbox"/>		
Clerical	<input type="checkbox"/>	<input type="checkbox"/>		
Accounting	<input type="checkbox"/>	<input type="checkbox"/>		

Special Skills or Accomplishment:

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