

## APPLICATION FOR EMPLOYMENT

A copy of your current driving record must be submitted to and approved by our insurance carrier prior to final employment offer. A completed Vernon Steel OPEN POSITION form for the position for which you are applying must accompany this application. If you are applying for a TRUCK DRIVER position, you must also submit the ADDITIONAL DOT REQUIRED INFORMATION form.

PERSONAL I	NFORMAT	DA	TE			
LEGAL NAME						
LAST		FIRST		MI		NICKNAME IF ANY
ADDRESS	STREET	CITY		STAT	E	ZIP
PHONES	HOME	CELL		CONT	'ACT	
ARE YOU 18 YEARS	OR OLDER? Y			Do you	have a clean driving	record? YES □ NO □
POSITION YOU	ARE APPLYIN	NG FOR: DA	TE YOU CA	N START	: WAC	GE DESIRED:
WHY DO YOU W	VANT THIS PO	OSITION?				
REFERRED BY:						
EDUCATION		NAME AND LOCATION OF SCHOOL			# OF YEAR ATTENDEI	
HIGH SCHOOL						
2011						
COLL	EGE	SUBJECT STUDIED:				
TRADE, BUSINESS OR						
CORRESPONDENCE SCHOOL		SUBJECT STUDIED:				
SUBJECTS OF S	PECIAL STUD	Y OR RESEARCH:				
SPECIAL SKILL	S:					
ACTIVITIES AN	D HOBBIES:					
CLIDDENIE AND		E THE NAME OF ORGANIZATIONS, WHICH WOULD INDICATE; RA				
DATE MONTH		MPLOYERS (LIST YOUR CURRENT AND PAST EMPLOYERS IN CORRESS, AND PHONE NUMBER OF EMPLOYER		POSITION		REASON FOR LEAVING
CURRENT STARTED						
FROM TO						
FROM TO						
FROM TO						
FROM TO						
FROM TO						
WHICH OF THE	SE JOBS DID Y	YOU LIKE BEST?				
		ABOUT THIS JOB?				
MAY WE CALL	YOUR CURRE	ENT EMPLOYER FOR A REFERENCE?			YES □	NO □

**PERSONAL REFERENCES:** PROVIDE THE NAMES OF THREE INDIVIDUALS, NOT RELATED TO YOU, WHO HAVE KNOWN YOU FOR AT LEAST ONE YEAR AND WILL GIVE A CLEAR AND ACCURATE ACCOUNT OF YOUR PERSONAL CHARACTER.

NAME	PHONE, CITY, STATE	WHAT IS YOUR RELATIONSIP WITH THIS PERSON?	YEARS ACQUAINTED
1			
2			
3			

"I CERTIFY THAT ALL THE INFORMATION SUBMITTED BY ME ON THIS APPLICATION IS TRUE AND COMPLETE. I UNDERSTAND THAT IF ANY FALSE INFORMATION, OMISSIONS, OR MISREPRESENTATIONS ARE DISCOVERED, MY APPLICATION MAY BE REJETED, AND IF I AM EMPLOYED, MY EMPLOYMENT MAY BE TERMINATED AT ANY TIME. IN CONSIDERATION OF MY EMPLOYMENT, I AGREE TO CONFORM TO THE COMPANY'S RULES AND REGULATIONS. I AGREE THAT MY EMPLOYMENT AND COMPENSATION CAN BE TERMINATED, WITH OR WITHOUT CAUSE, WITH OR WITHOUT NOTICE, AT ANY TIME, AT EITHER MY OR THE COMPANY'S OPTION. I ALSO UNDERSTAND AND AGREE THAT THE TERMS AND CONDITIONS OF MY EMPLOYMENT MAY BE CHANGED, WITH OR WITHOUT CAUSE, AND WITH OR WITHOUT NOTICE, AT ANY TIME BY THE COMPANY. I UNDERSTAND THAT NO COMPANY REPRESENTATIVE, OTHER THAN ITS OWNERS, HAS ANY AUTHORITY TO ENTER INTO ANY AGREEMENT FOR EMPLOYMENT."

DATE	APPLICANT'S SIGNATURE:							
OFFICE USE BELOW THIS LINE								
INTERVIEWED BY			DATE					
HIRED YES□ NO□	POSITION		FULL TIME/ PART TIME					
STARTING WAGE		WAGE REVIEW	V DATE					
		EXPECTED RA	JISE					
		HEALTH INSU	RANCE ELIGIBILITY DATE					
REVIEWED ANI	O APPROVED	SUPERVISOR SIGNATURE	NEW EMPLOYEE SIGNATURE					