Application For Employment



Flat Rock Metal, Inc.

*Bar Processing Corporation

Steel Dimensions, Inc.



		Secretaria de la constanta de	keet i zwinie z Naga				
*Please specify	Bar Processing L	ocation _					
We consider applicants origin, age, disability, m							
		(PLEASE	PRINT)				
Position(s) Applied For					Date of App	olication	
How Did You Learn About Us? Advertisement Employment Agency	Friend Relative		Walk-In Other				
Last Name	First N	lama			Middle Na	me	
Last Name	Fliativ	iame			Wildie Na	III O	
Address Number	Street		City		State	Zip Code	11
Telephone Number(s)				[Social Security Number		
If you are under 18 years of a your eligibility to work?	age, can you provide re	quired pro	of of		☐ Yes	□ No	
Have you ever filed an applic	eation with us before?				☐ Yes	□ No	
Are you currently employed?					☐ Yes	☐ No	
May we contact your present	employer?				☐ Yes	☐ No	
Are you prevented from lawfu because of Visa or Immigration sta	on Status? tus will be required upon emp.		ountry		☐ Yes	□ No	
On what date would you be a	ivaliable for work?						
Are you available to work:	☐ Full Time	☐ Par	rt Time		Shift Work	Temporary	
Are you currently on "lay-off"	status and subject to re	ecall?			☐ Yes	☐ No	
Can you travel if a job require	es it?				☐ Yes	☐ No	

Education

	Name and Address of School	Course of Study	Years Completed	Diploma Degree
Elementary School				
High School			7-19	
Jndergraduate College				
Graduate Professional	. , .	g's ar		
Other (Specify)			- 1	
	Indicate any foreign langu	uages you can speak, read and/or v	vrite.	
	FLUENT	GOOD	FAI	R
SPEAK	, · · · · ·		v 1	
READ	S. 1 2 1	n p y a		* 0
WRITE		i e e		
	Describe any specialized training, a	apprenticeship, skills and extra-curri	cular activities.	
	3		· · · · · · · · · · · · · · · · · · ·	
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1				
	Describe any job-related tra	ining 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.

Supervisor	Hourly F	Employed To Rate/Salary Final Employed To	Work Performed	
Supervisor	Starting Dates I	Final		
Supervisor	Starting Dates I	Final		
Supervisor	Starting Dates I	Final		
Supervisor				
	From	l lo	Work Performed	
	Hourly F	late/Salary Final	State of Marchaelle	
Supervisor	Starting	Final		
			- Andrewskipp	
Employer		mployed	Work Performed	
**************************************	From	То		
	Hourly R	late/Salary		
	Starting	Final		
Supervisor				
Employer			Work Performed	
	From	То		
	Hourly B	ate/Salary		
Telephone Number(s) Job Title Supervisor		Final		
Supervisor				
	Supervisor	From Hourly R Starting	Hourly Rate/Salary Starting Final	

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

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

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 profree workplace. Part of that process involves drug screen Applicants testing positive will be disqualified from conside Alcohol and Substance Abuse Policy of Flat Rock Metal/I the Alcohol and Substance Abuse Policy are subject to testing positive.	ning as part of the employment process. deration. All employees must comply with the Bar Processing. Employees in violation of
Signature of Applicant	Date
Authorization	
I hereby authorize and request any present or former empersons having personal knowledge about me, to furnish possession regarding me in connection with an application	bearer with any and all information in their

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	