



Pennsylvania Steel Company, Inc.

Employment Application

(if additional space is needed please use the back of this form)

Applicant Information

Full Name: Last First M.I. Date:

Address: Street Address Apartment/Unit # City State ZIP Code

Phone: Email

Are you authorized to work in the United States? YES NO Have you ever worked for this company? YES NO If yes, when?

Employment Information

Position Applied for: Start Date:

Desired Shift(1st/2nd/3rd/Neither): Desired Hours:

Are there any particular times you can't work?

Do you acknowledge that the position may require overtime, including possibly on a Saturday or Sunday? YES NO

Education

High School: Address: From: To: Did you graduate? YES NO Certificate Earned:

College/Trade School: Address: From: To: Did you graduate? YES NO Degree:

Other: Address: From: To: Did you graduate? YES NO Degree:

## References

*Please list three professional references.*

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

Company: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_

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

Company: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_

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

Company: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_

## Previous Employment

Company: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_ Supervisor: \_\_\_\_\_

Job Title: \_\_\_\_\_ Starting Salary: \$ \_\_\_\_\_ Ending Salary: \$ \_\_\_\_\_

Responsibilities: \_\_\_\_\_

From: \_\_\_\_\_ To: \_\_\_\_\_ Reason for Leaving: \_\_\_\_\_

May we contact your previous supervisor for a reference? YES  NO

Company: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_ Supervisor: \_\_\_\_\_

Job Title: \_\_\_\_\_ Starting Salary: \$ \_\_\_\_\_ Ending Salary: \$ \_\_\_\_\_

Responsibilities: \_\_\_\_\_

From: \_\_\_\_\_ To: \_\_\_\_\_ Reason for Leaving: \_\_\_\_\_

May we contact your previous supervisor for a reference? YES  NO

Company: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_ Supervisor: \_\_\_\_\_

Job Title: \_\_\_\_\_ Starting Salary: \$ \_\_\_\_\_ Ending Salary: \$ \_\_\_\_\_

Responsibilities: \_\_\_\_\_

From: \_\_\_\_\_ To: \_\_\_\_\_ Reason for Leaving: \_\_\_\_\_

May we contact your previous supervisor for a reference? YES  NO

**License Information & Driver History (truck driver applicants only)**

**Licenses**

State	License #	Type/Class	Endorsements	Expiry Date

**Driving Experience**

Equipment Class	Type of Equipment	Date From	Date To	Approx # of Miles
Straight Truck				
Tractor & Semi Trailer				
Tractor & 2 Trailers				
Tractor & Tanker				
Other				

**Accidents**

Date	Nature of Accident	# of Fatalities	# of Injuries	Chemical Spill (Y/N)

**Traffic Convictions for the Past 3 Years (write none if none)**

Date Convicted	Violation	State	Penalty

Have you ever been denied a license, permit, or privilege to operate a motor vehicle?

YES    NO  
   

Has your license ever been suspended?

YES    NO  
   

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

**Military Service**

Branch: \_\_\_\_\_ From: \_\_\_\_\_ To: \_\_\_\_\_

Rank at Discharge: \_\_\_\_\_

**Special Degrees/Certifications/Skills/Other**

Please summarize any special degrees, certifications, training, skills, etc. that you believe may be helpful:

**Disclaimer and Signature**

*I authorize Pennsylvania Steel Company, Inc. ("the Company") to investigate all my statements and answers contained in this application, including by not limited to contacting any and all of my former employers, educational institutions that I attended, obtaining a copy of my credit history and running a full background check.*

*I unconditionally agree to provide the Company with any and all documents, tests, notes and other information and results and opinions developed in connection with my application for employment, subsequently required by it for my maintenance of employment with the Company or for any other lawful purposes in connection with my employment.*

*I unconditionally authorize the Company and/or its designee(s) to chemically test my blood and/or urine for the presence of alcohol or any controlled substances in a pre-employment physical exam. I acknowledge that my employment at the Company is contingent on passing said blood and/or urine test and pre-employment physical exam. I further acknowledge that the Company may require me to have my blood and/or urine tested and a physical exam at any time during the term of my employment as determined by the Company.*

*I hereby affirm that all answers, statements and information I gave in this employment application are true, correct and complete. I fully understand and agree that if I gave any false or misleading information, answer or statement or made any omission either on this application or in my employment interview it would be good and sufficient reason for not being offered employment. If I do become employed by the Company, my supplying of any false, misleading or incomplete information, answer or statement or omissions in the information I have supplied will automatically be considered willful misconduct and thus cause for my immediate discharge by the Company even if discovered at a later time.*

*Further, I understand and agree that my employment is for no definite period and if I am hired the Company may terminate me at any time without any previous notice or reason with or without cause.*

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

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