

# UNION CORRUGATING/REEDS METALS - AN EQUAL OPPORTUNITY EMPLOYER

## APPLICATION FOR EMPLOYMENT

Please Read Before Completing This Application

This Company does not discriminate in hiring or employment on the basis of race, color, sex, religion, disability, national origin, citizenship, or on the basis of age with respect to persons 18 years or older. No question on this application is intended to secure information to be used for such discrimination. Proof of identity and work authorization will be required upon employment in accordance with federal regulations.

**This Company intends to check and hold you responsible for the accuracy of the statements you make on this application.** This application will receive consideration for **thirty (30) days**. If you have not heard from the Company within thirty days and wish to receive further consideration for employment, it will be necessary to complete another application form.

### PERSONAL DATA

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

Name \_\_\_\_\_  
(Last)
(First)
(Middle)

Are you 18 years or older? Yes  No  Are you eligible to work in the U.S.? Yes  No

Address \_\_\_\_\_  
(Street)
(City)
(State)
(Zip)

Telephone Number ( \_\_\_\_\_ ) \_\_\_\_\_

Have you ever been convicted of a crime other than a minor traffic violation? Yes  No

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

(A yes answer to this question does not necessarily preclude consideration for employment)

### EDUCATIONAL DATA

**Circle Highest Grade Completed:**

1 2 3 4 5 6 7 8 9 10 11 12  
 Grade, Junior High or High School

1 2 3 4 5  
 College/University

1 2 3 4  
 Graduate School

Type of School	Name of School	Location	Subjects/Courses	Did you graduate?
<i>Junior High School</i>				
<i>High School</i>				
<i>College</i>				
<i>Bus/Trade School</i>				
<i>Correspondence School</i>				
<i>Other (Specify)</i>				
<i>Graduate School</i>				
<i>List Degree(s) Obtained</i>				

## EMPLOYMENT

Position applied for \_\_\_\_\_ Salary desired \_\_\_\_\_

Have you ever applied here before? \_\_\_\_\_ When? \_\_\_\_\_

Have you ever worked for this Company before? \_\_\_\_\_ When? \_\_\_\_\_

What shift are you available to work?  1<sup>st</sup> shift  --If available--2<sup>nd</sup> shift  3<sup>rd</sup> shift   
(Shift work not available for administrative positions)

How soon can you report for work? \_\_\_\_\_

IF YOU WORKED FOR A TEMP AGENCY OR SUBCONTRACTOR PLEASE LIST THEM ALSO  
 IF YOU NEED MORE ROOM, USE BACK OF SHEET.

### WORK HISTORY (INCLUDE MOST RECENT/CURRENT EMPLOYMENT FIRST)

From (Mo/ Year)	Company	Telephone	Starting Salary \$ Per
To (Mo/ Year)	Address City State	Zip	Ending Salary \$ Per
Supervisor's Name/Title	Type of Business	If this is your current employer, may we contact? Yes No	
Your Position/Title	Responsibilities/Duties		
Specific Reason for Leaving			

### WORK HISTORY

From (Mo/ Year)	Company	Telephone	Starting Salary \$ Per
To (Mo/ Year)	Address City State	Zip	Ending Salary \$ Per
Supervisor's Name/Title	Type of Business		
Your Position/Title	Responsibilities/Duties		
Specific Reason for Leaving			

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**WORK HISTORY**

From (Mo/ Year)	Company	Telephone	Starting Salary \$ Per
To (Mo/ Year)	Address	City State Zip	Ending Salary \$ Per
Supervisor's Name/Title		Type of Business	
Your Position/Title		Responsibilities/Duties	
Specific Reason for Leaving			

**RELATIVES IN OUR EMPLOYMENT**

Name \_\_\_\_\_ Relationship \_\_\_\_\_

**MILITARY**

Branch of Service: \_\_\_\_\_

Duties in the service, including schools and training: \_\_\_\_\_

**SPECIAL SKILLS**

What knowledge, special technical or computer skills, and/or other qualifications have you acquired from employment or other experience? Include any specific equipment that you can proficiently operate.

\_\_\_\_\_

List any first aid or emergency response training for which you are currently certified (give date of certification)

\_\_\_\_\_

**INCOMPLETE OR MISSING INFORMATION MAY DELAY  
OR END THE PROCESSING OF THIS APPLICATION!  
PLEASE EXAMINE CAREFULLY BEFORE LEAVING!**

## AFFIDAVIT

I authorize, without liability, investigation of all statements in this application.

I authorize all schools which I attended and all previous employers to furnish the Company my record, reason for leaving and all information they may have concerning me, and hereby release them and the Company from all liability for any damage whatsoever arising therefrom.

I understand that in the event of my employment by the Company, it shall be sufficient cause for dismissal if any of the information I have given in this application is false or I have failed to give any information herein requested. I understand that proof of identity and work authorization will be required upon employment in accordance with federal regulations. In the event of my employment by the Company, I agree to abide by all present and subsequently issued policies of the Company.

I understand that acceptance of an offer of employment does not create a contractual obligation upon the employer to continue to employ me in the future.

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

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

## PRE-EMPLOYMENT SCREENING

In its continuous effort to provide a safe workplace for its employees, the Company is committed to preventing the use and/or presence of certain controlled substances in the workplace. Therefore, upon receipt of a conditional offer of employment, the Company requires applicants to submit to a urinalysis and/or blood screening for drug or alcohol use as part of the pre-employment physical examination. I hereby release and hold harmless Union Corrugating Company, Company officials, and/or any other employee of Union Corrugating Company from any liability arising from this request to furnish any specimen or sample, the testing of the specimen/sample, and any decision made concerning my application for employment or continued employment based upon the results of the tests. I consent to allow any designated physician, laboratory, hospital, or medical professional to perform chemical tests for the presence of alcohol, drugs or other controlled substances.

In addition, all employees of the Company are subject to random drug and alcohol screenings.

I have read this statement, and understand, and further give my consent and release to the above mentioned screening tests.

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

Witness: \_\_\_\_\_

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

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