

SCHENECTADY STEEL CO., INC.

APPLICATION FOR EMPLOYMENT

PERSONAL INFORMATION

DATE _____

NAME _____
LAST FIRST MIDDLE

PRESENT ADDRESS _____
STREET

CITY STATE ZIP

PHONE NO. _____

ARE YOU 18 YEARS OR OLDER? YES NO

ARE YOU PREVENTED FROM LAWFULLY BECOMING EMPLOYED
IN THIS COUNTRY BECAUSE OF VISA OR IMMIGRATION STATUS? YES NO

EMPLOYMENT DESIRED: PLEASE CHECK OFF THE JOB TITLE(S) WHICH BEST DESCRIBE THE TYPE (S)
OF WORK FOR WHICH YOU ARE APPLYING:

OFFICE:

- | | | |
|---|--|---|
| <input type="checkbox"/> DESIGN ENGINEERING | <input type="checkbox"/> DRAWING ROOM SUPERVISOR | <input type="checkbox"/> PROJECT MANAGEMENT |
| <input type="checkbox"/> DRAFTING, MANUAL | <input type="checkbox"/> DRAFTING, CAD | <input type="checkbox"/> PARA-LEGAL |
| <input type="checkbox"/> NEGOTIATING CONTRACTS | <input type="checkbox"/> SALES - ESTIMATING | <input type="checkbox"/> PURCHASING |
| <input type="checkbox"/> ACCOUNTING | <input type="checkbox"/> BOOKKEEPING | <input type="checkbox"/> PAYROLL |
| <input type="checkbox"/> DATA PROCESSING | <input type="checkbox"/> HUMAN RESOURCE | <input type="checkbox"/> OFFICE MANAGER |
| <input type="checkbox"/> SHIPPING/DISPATCHING | <input type="checkbox"/> RECEIVING | <input type="checkbox"/> SECRETARIAL - ELECTRIC TYPING AND WORD PROCESSING |
| <input type="checkbox"/> TELEPHONE/RECEPTIONIST | <input type="checkbox"/> CUSTODIAL - OFFICE | |
| <input type="checkbox"/> OFFICE CLERICAL - MAKING COPIES & PRINTS, TRANSMITTING DOCUMENTS VIA FACSIMILE, UPS, OR FEDEX, FILING, RUNNING ERRANDS, ETC. | | |

SHOP:

- | | | |
|--|---|---|
| <input type="checkbox"/> SHOP SUPERVISOR | <input type="checkbox"/> QUALITY CONTROL | <input type="checkbox"/> SAFETY-HEALTH COORDINATOR |
| <input type="checkbox"/> MAINTENANCE | <input type="checkbox"/> LAYOUT | <input type="checkbox"/> FITTING |
| <input type="checkbox"/> WELDING | <input type="checkbox"/> BURNING | <input type="checkbox"/> CUTTING |
| <input type="checkbox"/> GRINDING | <input type="checkbox"/> SANDBLASTING | <input type="checkbox"/> PAINTING |
| <input type="checkbox"/> CUSTODIAL | <input type="checkbox"/> COMPUTER AIDED MACHINE | <input type="checkbox"/> SAW OPERATOR |
| <input type="checkbox"/> PUNCH OPERATOR | <input type="checkbox"/> BRAKE OPERATOR | <input type="checkbox"/> SHEAR OPERATOR |
| <input type="checkbox"/> DRILL OPERATOR | <input type="checkbox"/> OUTSIDE YARD WORK - LOCATE STEEL, ORGANIZE STOCK & MATERIAL FOR JOBS, UNLOAD RAILCARS, ETC. | <input type="checkbox"/> MATERIAL HANDLING -LOAD & UNLOAD TRUCKS, MOVE MATERIAL TO & FROM VARIOUS LOCATIONS THROUGHOUT SHOPS. REQUIRES OPERATION OF OVERHEAD CRANES, FORKLIFTS, STAKE TRUCK & TRACTOR TRAILER |

ALL SHOP JOBS REQUIRE YOU TO BE ON YOUR FEET ALL DAY
AND THE OPERATION OF OVERHEAD CRANES.

LAST:

FIRST:

MIDDLE:

WORKING OVERTIME (BEYOND 40 HOURS PER WEEK) IS NECESSARY AT IRREGULAR TIMES THROUGHOUT THE YEAR AS THE WORK LOAD DICTATES. IS WORKING OVERTIME A PROBLEM FOR YOU?

YES NO

WOULD SATURDAY WORK BE A PROBLEM FOR YOU?

YES NO

WAGE/SALARY

DESIRED _____

WOULD YOU BE ABLE TO WORK SECOND SHIFT?

YES NO

DATE YOU CAN START _____

IF YES, MAY WE INQUIRE OF YOUR CURRENT EMPLOYER? _____

ARE YOU EMPLOYED NOW? _____

EVER APPLIED TO THIS COMPANY BEFORE? _____ WHERE? _____ WHEN? _____

REFERRED BY _____

COMMENTS: _____

PLEASE DESCRIBE ANY REASONABLE ACCOMMODATIONS YOU WOULD REQUIRE TO PERFORM THE FUNCTIONS OF THE JOB FOR WHICH YOU ARE APPLYING: (DO NOT ANSWER THIS QUESTION UNLESS YOU HAVE BEEN OFFERED A JOB)

| EDUCATION | NAME & LOCATION OF SCHOOL | NO OF YEARS ATTENDED | DID YOU GRADUATE? | SUBJECTS STUDIED |
|--|---------------------------|----------------------|-------------------|------------------|
| GRAMMAR SCHOOL | _____ | | | |
| | _____ | | | |
| HIGH SCHOOL | _____ | | | |
| | _____ | | | |
| COLLEGE | _____ | | | |
| | _____ | | | |
| TRADE, BUSINESS OR CORRESPONDENCE SCHOOL | _____ | | | |
| | _____ | | | |

GENERAL

SUBJECTS OF SPECIAL STUDY OR RESEARCH WORK _____

SPECIAL SKILLS _____

ACTIVITIES (CIVIC, ATHLETIC, ETC) _____

US MILITARY OR NAVAL SERVICE _____ RANK _____

PRESENT MEMBERSHIP IN NATIONAL GUARD OR RESERVES _____

FORMER EMPLOYERS (LIST LAST 4 EMPLOYERS STARTING WITH MOST RECENT)

| DATES MONTH & YEAR | NAME AND ADDRESS OF EMPLOYER | SALARY | POSITION | REASON FOR LEAVING |
|-----------------------|---------------------------------|--------|----------|-----------------------|
| FROM TO | | | | |
| FROM TO | | | | |
| FROM TO | | | | |
| FROM TO | | | | |
| FROM TO | | | | |

WHICH OF THESE JOBS DID YOU LIKE BEST? _____

WHAT DID YOU LIKE MOST ABOUT THIS JOB? _____

REFERENCES: GIVE THE NAMES OF THREE PERSONS NOT RELATED TO YOU, WHOM YOU HAVE KNOWN AT LEAST ONE YEAR.

| NAME | ADDRESS | BUSINESS | YEARS ACQUAINTED |
|------|---------|----------|---------------------|
| | | | |
| | | | |
| | | | |

IN CASE OF EMERGENCY
NOTIFY _____

NAME

ADDRESS

PHONE NO.

"I CERTIFY THAT ALL THE INFORMATION SUBMITTED BY ME ON THIS APPLICATION IS TRUE AND COMPLETE, AND I UNDERSTAND THAT IF ANY FALSE INFORMATION, OMISSIONS, OR MISREPRESENTATIONS ARE DISCOVERED, MY APPLICATION MAY BE REJECTED 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, AND I AGREE THAT MY EMPLOYMENT AND COMPENSATION CAN BE TERMINATED WITH OR WITHOUT CAUSE, AND 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 PRESIDENT, AND THEN ONLY WHEN IN WRITING AND SIGNED BY THE PRESIDENT, HAS ANY AUTHORITY TO ENTER INTO ANY AGREEMENT FOR EMPLOYMENT FOR ANY SPECIFIC PERIOD OF TIME, OR TO MAKE ANY AGREEMENT CONTRARY TO THE FOREGOING.

DATE _____ SIGNATURE _____