

PHILLIPS STEEL CO.
Employment Application

1368 W. Anaheim
Long Beach, CA 90813

An Equal Opportunity Employer



APPLICANT INFORMATION											
Last Name					First			M.I.	Date		
Street Address							Apartment/Unit #				
City				State			ZIP				
Contact Phone				E-mail Address							
Date Available				Social Security No.							
Position Applied for											
Are you a citizen of the United States?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	If no, are you authorized to work in the U.S.?	YES <input type="checkbox"/>	NO <input type="checkbox"/>						
If hired, would you be able to show proof of your eligibility to work in the United States?	YES <input type="checkbox"/>	NO <input type="checkbox"/>									
Have you ever worked for this company?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	If so, when? Was it Voluntary <input type="checkbox"/> or Involuntary <input type="checkbox"/> ?								
Do you have any friends or relatives working for Phillips Steel Company?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	If yes, state name and relationship.								
If hired, would you have reliable means of transportation to and from work?	YES <input type="checkbox"/>	NO <input type="checkbox"/>									
Are you at least eighteen years of age?	YES <input type="checkbox"/>	NO <input type="checkbox"/>									
Are you able to perform the essential functions of the job for which you are applying? If no, describe the functions that cannot be performed? <i>(Note: We comply with the ADA and consider reasonable accommodation measures that may be necessary for the eligible applicants/employees to perform essential function. Hire may be subject to passing a medical examination, skill and agility tests.)</i>	YES <input type="checkbox"/>	NO <input type="checkbox"/>	If no, explain								
Prefer:	Regular Full-Time Work <input type="checkbox"/>	Regular Part-Time Work <input type="checkbox"/>	Temporary Work <input type="checkbox"/>								
What days are you available to work:	Monday <input type="checkbox"/>	Tuesday <input type="checkbox"/>	Wednesday <input type="checkbox"/>	Thursday <input type="checkbox"/>	Friday <input type="checkbox"/>	Saturday <input type="checkbox"/>					
EDUCATION											
High School				Address							
From	To	Did you graduate?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	Degree						
College				Address							
From	To	Did you graduate?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	Degree						
Other				Address							
From	To	Did you graduate?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	Degree						
Do you have any licenses or certification that are relevant to the position? If so, please describe type and current status.	YES <input type="checkbox"/>	NO <input type="checkbox"/>									

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	
City		State	Zip	Job Title	
Responsibilities					
From	To	Reason for Leaving			
May we contact your previous supervisor for a reference? YES <input type="checkbox"/> NO <input type="checkbox"/>					
Company				Phone	
Address				Supervisor	
City		State	Zip	Job Title	
Responsibilities					
From	To	Reason for Leaving			
May we contact your previous supervisor for a reference? YES <input type="checkbox"/> NO <input type="checkbox"/>					
Company				Phone	
Address				Supervisor	
City		State	Zip	Job Title	
Responsibilities					
From	To	Reason for Leaving			
May we contact your previous supervisor for a reference? YES <input type="checkbox"/> NO <input type="checkbox"/>					

PREVIOUS EMPLOYMENT CONTINUED				
Company			Phone	
Address			Supervisor	
City	State	Zip	Job Title	
Responsibilities				
From	To	Reason for Leaving		
May we contact your previous supervisor for a reference? YES <input type="checkbox"/> NO <input type="checkbox"/>				

DISCLAIMER

Please Read Carefully, Initial Each Paragraph and Sign Below.

_____ I hereby certify that I have not knowingly withheld any information that might adversely affect my chances for employment and that the answers given by me are true and correct to the best of my knowledge. I further certify that I, the undersigned applicant, have personally completed this application. I understand that any omission or misstatement of material fact on this application or on any document used to secure employment shall be grounds for rejection of this application or for immediate discharge if I am employed, regardless of the time elapsed before discovery.

_____ I hereby authorize Phillips Steel Company (the "Company}") to speak with my references and confirm my work record, education and other matters related to my suitability for employment and, further, authorize the references I have listed to disclose to the Company any and all letters, reports and other information related to my work records, without giving me prior notice of such disclosure. In addition, I hereby release the Company, my former employers and all other persons, corporations, partnerships and associations from any and all claims, demands or liabilities arising out of or in any way related to such investigation of my references. We will provide you with separate disclosure and authorization forms pursuant to state and federal law for the background investigation we discussed with you.

_____ I understand that nothing contained in this application, or conveyed during any interview which may be granted or during my employment, if hired, is intended to create an employment contract between me and the Company. In addition, I understand and agree that if I am employed, my employment is for no definite or determinable period and may be terminated at any time, with or without prior notice, at the option of either myself or the Company, and that no promises or representations contrary to the foregoing are binding on the company unless made in writing and signed by me and the Company's designated representative.

DISCLAIMER AND SIGNATURE

Signature	Date
-----------	------