



EMPLOYMENT APPLICATION

An Equal Opportunity Employer

All applicants are considered without regard to race, color, gender, religion, national origin, age, marital or veteran status, mental or physical disability unrelated to job performance or any other legally protected status.

Last Name	First	Middle	Date
Home Address			Home Telephone No.
			() -
Have you ever applied for employment with ST. GEORGE STEEL?			Cell Phone or other Phone No.
YES <input type="checkbox"/> NO <input type="checkbox"/> If YES, Month and Year: Location:			() -
Position Desired		Pay Expected / Pay Desired	
		/	
Have you had a workers compensation injury in the last 2 years?			
YES <input type="checkbox"/> NO <input type="checkbox"/> If YES, please explain:			
Are you available for full time work?	Are you available for varied shifts?	Will you work overtime if asked?	
YES <input type="checkbox"/> NO <input type="checkbox"/>	YES <input type="checkbox"/> NO <input type="checkbox"/>	YES <input type="checkbox"/> NO <input type="checkbox"/>	
Are you legally available for employment in the United States?		Do you have proper identification?	
YES <input type="checkbox"/> NO <input type="checkbox"/>		YES <input type="checkbox"/> NO <input type="checkbox"/>	
Date available to start work:	Employment Status Desired:	Are you at least 18 years of age?	
	FT <input type="checkbox"/> PT <input type="checkbox"/> Temp <input type="checkbox"/>	YES <input type="checkbox"/> NO <input type="checkbox"/>	

REFERENCES

Name	Address (City, State)	Telephone No. (Include Area Code)	Business/Occupation
		() -	
		() -	
		() -	

CERTIFICATION & AUTHORIZATION (Please read and sign after completing application)

I hereby certify that all statements made in this application are true and correct to the best of my knowledge and belief. I understand that any misrepresentations or omissions of facts in this application are grounds for disqualification from further consideration or for dismissal from employment. I authorize the company to inquire into my educational, professional and past employment history references as needed to research my qualifications for this position. If employed, I agree to conform to the rules, regulations and policies of the company. With my electronic signature I hereby acknowledge that I have read and fully understand the forgoing and seek employment under these conditions.

Signature Date

EDUCATION

SCHOOL	NAME and LOCATION of SCHOOL	COURSE of STUDY	Number of Years Completed	Did you Graduate?	Degree or Diploma
College/ University					
Trade, or Technical School					
High School					

Other special courses, training or experience acquired, including military experience:		Amount of Experience (Months, Years)
Clerical / Office Skills	Typing WPM AP <input type="checkbox"/> AR <input type="checkbox"/> Records Mgmt. <input type="checkbox"/> Other Skills:	
Computer Skills	Names of Software:	
Languages		

SPECIALIZED SKILLS

APTITUDE	YES	NO	Amount of Experience (Months, Years)	APTITUDE	YES	NO	Amount of Experience (Months, Years)
Read Blue Prints	<input type="checkbox"/>	<input type="checkbox"/>		Rolling Angle F/B	<input type="checkbox"/>	<input type="checkbox"/>	
FIT-UP	<input type="checkbox"/>	<input type="checkbox"/>		Iron Worker	<input type="checkbox"/>	<input type="checkbox"/>	
Welding (Stick)	<input type="checkbox"/>	<input type="checkbox"/>		Drilling	<input type="checkbox"/>	<input type="checkbox"/>	
Welding (Wire)	<input type="checkbox"/>	<input type="checkbox"/>		Shear Plate	<input type="checkbox"/>	<input type="checkbox"/>	
Sub-Arc Welding	<input type="checkbox"/>	<input type="checkbox"/>		Air-Arc Welding	<input type="checkbox"/>	<input type="checkbox"/>	
Certified Welder	<input type="checkbox"/>	<input type="checkbox"/>		Sandblasting	<input type="checkbox"/>	<input type="checkbox"/>	
Lay-out	<input type="checkbox"/>	<input type="checkbox"/>		Painting	<input type="checkbox"/>	<input type="checkbox"/>	
Forklift Operator	<input type="checkbox"/>	<input type="checkbox"/>		Machining	<input type="checkbox"/>	<input type="checkbox"/>	
Overhead Cranes	<input type="checkbox"/>	<input type="checkbox"/>		Burn Table	<input type="checkbox"/>	<input type="checkbox"/>	
Punch Beamline	<input type="checkbox"/>	<input type="checkbox"/>		Sawing	<input type="checkbox"/>	<input type="checkbox"/>	
Auto/CAD/Other	<input type="checkbox"/>	<input type="checkbox"/>		Rolling Plate	<input type="checkbox"/>	<input type="checkbox"/>	
Detailing	<input type="checkbox"/>	<input type="checkbox"/>		Other	<input type="checkbox"/>	<input type="checkbox"/>	

Specify any other applicable skills or experience you have:

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*Physical Examination & Test for Controlled
Substances (Drugs), and/or Alcohol*

CONFIDENTIAL

APPLICANT CONSENT for Test

Applicant Name (PLEASE PRINT)

I hereby voluntarily consent to a physical examination and tests to be conducted by company designated physicians and/or other appropriate medical personnel contracted to perform this service by the Company. I specifically voluntarily consent to the taking of samples of my blood, urine, breath and any other samples for testing to determine the presence of drugs and/or alcohol in my system. I voluntarily authorize the release of medical information concerning the results of my physical examination and tests to Company supervisors and management who will use it to determine if I am in compliance with company work rules and policies on drugs and/or alcohol. I understand that I am entitled to a copy of this authorization. I also understand that refusal by me to sign this consent will be cause for discharge or ineligibility for employment. This electronic authorization shall remain valid for a period of one year from the date shown below for new applications, and at all times during the period of employment.

Applicant Signature

Date

APPLICANT REFUSAL FOR TEST

Applicant Name (PLEASE PRINT)

I decline to authorize the Company to have a physical examination and test for drugs and/or alcohol or the release of results to Company supervisors and management. I understand that I am entitled to a copy of this refusal. I also understand that refusal by me to sign the above consent will be a cause for discharge or ineligibility for employment with St. George Steel, a division of Innova Global, LLC.

Applicant Signature

Date