



# C&F STEEL COMPANY, INC.

Structural and Miscellaneous Steel Fabrication

## Employment Application

Please Print

Position Applied for: \_\_\_\_\_ Date of application: \_\_\_\_\_

Name: \_\_\_\_\_  
Last First Middle

Address: \_\_\_\_\_  
Street City State Zip Code

Telephone #: (\_\_\_\_) \_\_\_\_\_ Cell #: (\_\_\_\_) \_\_\_\_\_

E-Mail address: \_\_\_\_\_

Have you ever been employed by C&F Steel before? Yes \_\_\_\_\_ No \_\_\_\_\_

If Yes, give dates and Supervisor name: \_\_\_\_\_

If No, how were you referred to C&F Steel? \_\_\_\_\_

Are you legally eligible for employment in the United States? Yes \_\_\_\_\_ No \_\_\_\_\_

Federal law prohibits the employment of unauthorized aliens. All persons hired must submit satisfactory proof of employment authorization and identity within three days of being hired. Failure to submit proof within the required time shall result in immediate employment termination.

*Answering "yes" to the following question does not constitute an automatic bar to employment. Factors such as date of the offense, seriousness and nature of the violation, rehabilitation and position applied for will be taken into account.*

Have you ever pled "guilty" or "no contest" to, or been convicted of a crime? Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, please provide date(s) and details: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_



**Employment History:**

Starting with your current or most recent employer, provide the following information:

Company Name: \_\_\_\_\_  
Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_  
Dates Employed: FROM \_\_\_/\_\_\_/\_\_\_ TO \_\_\_/\_\_\_/\_\_\_  
Hourly Wage/Salary upon leaving: \$\_\_\_\_\_ per \_\_\_\_\_ Position Held upon leaving: \_\_\_\_\_  
Immediate Supervisor Name and Title: \_\_\_\_\_  
His/Her Phone #: \_\_\_\_\_ May we contact for reference? Yes \_\_\_ No \_\_\_  
Why did you leave? \_\_\_\_\_  
Summarize the type of work performed and job responsibilities: \_\_\_\_\_  
\_\_\_\_\_

Company Name: \_\_\_\_\_  
Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_  
Dates Employed: FROM \_\_\_/\_\_\_/\_\_\_ TO \_\_\_/\_\_\_/\_\_\_  
Hourly Wage/Salary upon leaving: \$\_\_\_\_\_ per \_\_\_\_\_ Position Held upon leaving: \_\_\_\_\_  
Immediate Supervisor Name and Title: \_\_\_\_\_  
His/Her Phone #: \_\_\_\_\_ May we contact for reference? Yes \_\_\_ No \_\_\_  
Why did you leave? \_\_\_\_\_  
Summarize the type of work performed and job responsibilities: \_\_\_\_\_  
\_\_\_\_\_

Company Name: \_\_\_\_\_  
Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_  
Dates Employed: FROM \_\_\_/\_\_\_/\_\_\_ TO \_\_\_/\_\_\_/\_\_\_  
Hourly Wage/Salary upon leaving: \$\_\_\_\_\_ per \_\_\_\_\_ Position Held upon leaving: \_\_\_\_\_  
Immediate Supervisor Name and Title: \_\_\_\_\_  
His/Her Phone #: \_\_\_\_\_ May we contact for reference? Yes \_\_\_ No \_\_\_  
Why did you leave? \_\_\_\_\_  
Summarize the type of work performed and job responsibilities: \_\_\_\_\_  
\_\_\_\_\_

**Skills and Qualifications:**

Summarize any special training, skills, licenses and/or certificates that may assist you in performing the position for which you are applying:

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**Educational Background:**

Starting with your most recent school attended, provide the following information:

<u>School (include City/State)</u>	<u>Yrs. Completed</u>	<u>Completed</u>	<u>GPA/Class Rank</u>	<u>Major/Minor</u>
		<input type="checkbox"/> Diploma <input type="checkbox"/> GED <input type="checkbox"/> Degree _____ <input type="checkbox"/> Certification _____ <input type="checkbox"/> Other _____		
		<input type="checkbox"/> Diploma <input type="checkbox"/> GED <input type="checkbox"/> Degree _____ <input type="checkbox"/> Certification _____ <input type="checkbox"/> Other _____		
		<input type="checkbox"/> Diploma <input type="checkbox"/> GED <input type="checkbox"/> Degree _____ <input type="checkbox"/> Certification _____ <input type="checkbox"/> Other _____		

**References:**

List names and telephone numbers of three business/work references who are not related to you and are not previous supervisors. If not applicable, list three school or personal references who are not related to you.

<u>Name</u>	<u>Title</u>	<u>Relationship to you</u>	<u>Telephone #</u>	<u># of Years Known</u>

**Work Availability:**

If your application received favorable consideration, when will you be available to begin work?

\_\_\_\_/\_\_\_\_/\_\_\_\_

Do you have any objection to working overtime? Yes \_\_\_\_\_ No \_\_\_\_\_

Can you work overtime without prior notice? Yes \_\_\_\_\_ No \_\_\_\_\_

Can you work on Saturday? Yes \_\_\_\_\_ No \_\_\_\_\_

Can you work on Sunday? Yes \_\_\_\_\_ No \_\_\_\_\_

Can you travel if required by this position? Yes \_\_\_\_\_ No \_\_\_\_\_

Driver's license number, if driving, may be required in position for which you are applying.

Do you have a CDL license? Yes \_\_\_\_\_ No \_\_\_\_\_

**Salary/Hourly Requirements:**

If your application received favorable consideration, what salary/hourly rate would you require?

\$\_\_\_\_\_ per \_\_\_\_\_.

**Applicant Statement:**

I certify that all information I have provided in order to apply for and secure work with this employer is true, complete and correct.

I expressly authorize, without reservation, the employer, its representatives, employees or agents to contact and obtain information from all references (personal and professional), employers, public agencies, licensing authorities and educational institutions and to otherwise verify the accuracy of all information provided by me in this application, resume or job interview. I hereby waive any and all rights and claims I may have regarding the employer, its agents, employees or representatives, for seeking, gathering and using truthful and non-defamatory information in a lawful manner, in the employment process and all other persons, corporations or organizations for furnishing such information about me.

I understand that this employer does not unlawfully discriminate in employment and no question on this application is used for the purpose of limiting or eliminating any applicant from consideration for employment on any basis prohibited by applicable local, state or federal law.

I understand that this application remains current for 180 days. After 180 days, if I have not heard from the employer and still wish to be considered for employment, I understand it is my responsibility to inquire as to whether applications are being accepted at that time.

If I am hired, I understand that I am free to resign at any time, with or without cause and with or without prior notice, and the employer reserves the same right to terminate my employment at any time, with or without cause and with or without prior notice except as may be required by law. This application does not constitute an agreement or contract for employment for any specified period or definite duration I understand that no supervisor or representative of the employer is authorized to make any assurances to the contrary and that no implied oral or written agreements contrary to the foregoing express language are valid unless they are in writing and signed by the employer's president.

I understand I may be required to successfully pass a pre-employment drug and/or alcohol test as a condition of employment. I understand the company has a Drug and Alcohol Policy in place and because of the importance of this policy, the company will, from time to time, take steps to ensure it is being followed.

I also understand that if I am hired, I will be required to provide proof of identity and legal authorization to work in the United States of America and that federal immigration laws require me to complete an I-9 Form in this regard.

I understand that any information provided by me that is found to be false, incomplete or misrepresented in any respect, will be sufficient cause to (1) eliminate me from further consideration for employment, or (2) may result in my immediate discharge from the employer's service, whenever it is discovered.

**DO NOT SIGN UNTIL YOU HAVE READ THE ABOVE APPLICANT STATEMENT.**

I certify that I have read, fully understand and accept all terms of the foregoing Applicant Statement.

Signature of Applicant: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

Printed Name of Applicant: \_\_\_\_\_