



### APPLICATION FOR EMPLOYMENT

Please print or type. Complete all questions and sign on page 4.  
**“SEE RESUME” is not a sufficient response to any question.**

#### GENERAL INFORMATION

Last Name		First	Middle	Date of Application
Street Address				Home Telephone
City, State, Zip Code				Work Telephone
Position Desired	Date Available	Salary Desired	Type of Employment Desired <input type="checkbox"/> Full Time <input type="checkbox"/> Part Time <input type="checkbox"/> Temporary	
Are you legally eligible for employment in this country? <input type="checkbox"/> Yes <input type="checkbox"/> No				
<b>Proof of U.S. citizenship or immigration status will be required upon employment.</b>				

#### EDUCATION

Level	Name and Location of School	Diploma or Degree (Credits Earned if No Degree)	Attendance Dates		Major
			From Mo/Yr	To Mo/Yr	
High School					
Business, Trade or Technical*					
College*					
Graduate School*					
Other*					

\*If degree was received under a name other than that listed on this application, please provide your full name at the time the degree was awarded:

Degree: \_\_\_\_\_ Name At Time Earned: \_\_\_\_\_

Scholastic Achievements:

#### SKILLS AND QUALIFICATIONS

Summarize specific skills and qualifications acquired from employment or other experiences that are related to the position for which you are applying (e.g., computer skills, software applications, and foreign languages):

## EMPLOYMENT HISTORY

Please provide a COMPLETE employment history, even if a resume is submitted with this application. List ALL employers, assignments, or volunteer activities that are relevant to the job for which you are applying, starting with the most recent, including military employment. Explain any gaps in employment in the "Comments" section below. Please use the "Employment History Continuation Sheet" if additional space is needed.

<b>(1) Present/Most Recent Employer</b>	<b>Telephone</b>	<b>Dates Employed</b>		Summarize the nature of the work performed and job responsibilities.
		From Mo/Yr	To Mo/Yr	
Address				
Job Title		Hourly Rate/Salary		
		Starting		
Immediate Supervisor and Title		\$	per	
Type of Employment		Hourly Rate/Salary		
<input type="checkbox"/> Full Time <input type="checkbox"/> Part Time <input type="checkbox"/> Temporary <input type="checkbox"/> Other		Final		
Reason for leaving or why you are considering leaving?		\$	per	

If currently employed, may we contact for reference?       Yes       No

<b>(2) Next Previous Employer</b>	<b>Telephone</b>	<b>Dates Employed</b>		Summarize the nature of the work performed and job responsibilities.
		From Mo/Yr	To Mo/Yr	
Address				
Job Title		Hourly Rate/Salary		
		Starting		
Immediate Supervisor and Title		\$	per	
Type of Employment		Hourly Rate		
<input type="checkbox"/> Full Time <input type="checkbox"/> Part Time <input type="checkbox"/> Temporary <input type="checkbox"/> Other		Final		
Reason for leaving?		\$	per	

If currently employed, may we contact for reference?       Yes       No

<b>(3) Next Previous Employer</b>	<b>Telephone</b>	<b>Dates Employed</b>		Summarize the nature of the work performed and job responsibilities.
Address				
Job Title		Hourly Rate/Salary		
		Starting		
Immediate Supervisor and Title		\$	per	
Type of Employment		Hourly Rate		
<input type="checkbox"/> Full Time <input type="checkbox"/> Part Time <input type="checkbox"/> Temporary <input type="checkbox"/> Other		Final		
Reason for leaving?		\$	per	

If currently employed, may we contact for reference?       Yes       No

**EMPLOYMENT HISTORY CONT.**

<b>(4) Next Previous Employer</b>	<b>Telephone</b>	<b>Dates Employed</b>		Summarize the nature of the work performed and job responsibilities.
		From Mo/Yr	To Mo/Yr	
Address				
Job Title		Hourly Rate/Salary		
		Starting		
Immediate Supervisor and Title		\$	per	
Type of Employment	<input type="checkbox"/> Full Time <input type="checkbox"/> Part Time <input type="checkbox"/> Temporary <input type="checkbox"/> Other	Hourly Rate		
		Final		
Reason for leaving?		\$	per	

If currently employed, may we contact for reference?       Yes       No

COMMENTS (including explanation of any gaps in employment):

**REFERENCES**

List three business/work references **NOT** related to you and are **NOT** previous supervisors. If not applicable, list three school or personal references not related to you.

Name	Telephone	Years Known	In what capacity did this person observe you or your work?

**PROFESSIONAL LICENSES**

List any professional license(s) that are related to the position for which you are applying and list state(s) in which licensed:

**MEMBERSHIPS**

List professional, trade, business, or civic associations that you consider relevant to the position for which you are applying (exclude memberships which would reveal sex, race, religion, national origin, age, color, or disability).

<b>Organization:</b>	<b>Office Held:</b>
<b>Organization:</b>	<b>Office Held:</b>
<b>Organization:</b>	<b>Office Held:</b>

**SPECIAL ACCOMPLISHMENTS, PUBLICATIONS AND AWARDS**

Exclude information that would reveal sex, race, religion, national origin, age, color, or disability.

**OTHER INFORMATION**

Have you ever been convicted of, or are you now under charges for, any felony offense in the past 7 years?  Yes  No  
 If checked yes, please explain below.

If you have ever been granted a security clearance by any government agency, indicate the level of clearance, when granted, and by whom?

Have you ever had a security clearance suspended, denied, or revoked?  Yes  No

Are you bound by any non-solicitation/non-compete agreement?  Yes  No

Have you ever interviewed for a job with Steel Dust Recycling, LLC?  Yes  No  
 If yes, when? \_\_\_\_\_ Where? \_\_\_\_\_

Have you ever been employed by Steel Dust Recycling, LLC?  Yes  No  
 If yes, when? \_\_\_\_\_ Where? \_\_\_\_\_

Are any relatives currently employed at Steel Dust Recycling, LLC?  Yes  No  
 Name of employee(s) \_\_\_\_\_ Business unit where employed \_\_\_\_\_

What prompted your application to Steel Dust Recycling, LLC? Ad \_\_\_\_\_ Friend \_\_\_\_\_  
 (Please indicate name of ad/friend) SDR, LLC Employee \_\_\_\_\_ Other \_\_\_\_\_

**PLEASE REVIEW APPLICATION CAREFULLY. WE WILL NOT CONSIDER THIS APPLICATION IF NOT COMPLETED IN FULL.**

**PLEASE READ THE FOLLOWING AND SIGN THE APPLICATION IN THE SPACES PROVIDED BELOW. IF YOU HAVE ANY QUESTIONS, PLEASE SPEAK WITH THE HUMAN RESOURCES REPRESENTATIVE BEFORE SIGNING.**

I understand that employment by Steel Dust Recycling, LLC (“SDR”) is “at will.” This means that the employment relationship can be ended by me or by SDR at any time for any reason with or without advanced notice and with or without cause. It also means that SDR may revise and make exceptions to its policies, practices, handbooks, manuals, rules, procedures, and regulations, in whole or in part, at any time. I further understand that acceptance of an offer of employment does not create a contractual obligation upon SDR to continue to employ me in the future or for any specific term. Notwithstanding the above, I understand that no representative of SDR, except an officer of the company, has any authority to enter into any agreement of employment for a definite term. Any such agreement must be in writing and signed by an officer of the company.

If employed by SDR, I agree to comply with all safety and health rules, company policies and procedures, and local, state, and federal laws pertaining to my employment. Although management makes every effort to accommodate individual preferences, organizational needs may make the following conditions mandatory: overtime, rotating work schedule, or a work schedule other than Monday through Friday or normal business hours. I understand and accept these as conditions of my employment should I be hired.

I have reviewed this application carefully and I hereby affirm that my statements and answers to all questions on this application are true and correct and that I have not knowingly withheld any fact or circumstance that, if disclosed, would affect my application unfavorably. I understand that any misstatement or omission of fact on this application may result in my application not being considered, and, if employed, may result in my immediate dismissal.

I further understand that a drug screen and physical will be required prior to employment with SDR. This drug screen and physical may include a pulmonary function test for the purpose of testing for respirator wear. The costs of the drug screen, physical and pulmonary function test will be a cost incurred by SDR, not by me. If any part of the drug screen, physical, or pulmonary function tests are failed, SDR reserves the right to withdraw an offer of employment.

**I HAVE READ AND AGREE TO THE ABOVE TERMS AND CONDITIONS:**

Signature of Applicant \_\_\_\_\_

Date \_\_\_\_\_



## INVESTIGATION AUTHORIZATION

By signing below, I hereby authorize SDR to conduct an investigative report and/or reference check concerning all statements contained in my application for employment; to interview all employers, references, and other individuals and institutions to obtain information and opinions about me; and to conduct any other investigation that it deems appropriate. Such investigation may include but is not limited to my education, employment history (except my current employer if I have so indicated above), character, general reputation, driving record, credit history, and criminal record. The information obtained in this investigation will be held in strict confidentiality, and will be used for employment purposes only. In the event that I am employed by SDR, I hereby authorize SDR to answer any inquires regarding my employment, conduct, qualifications, and reasons for leaving.

I understand that I have the right to request SDR to disclose to me, completely and accurately, the nature and scope of the investigation. (Such a request must be made in writing to the human resources department within a reasonable time after you have completed and signed this authorization.)

In exchange for being considered for employment, I hereby release SDR, its employees, and agents, as well as any law enforcement agency, current or former employer, educational institution, credit agency, or any other individual providing information about me to SDR, from any liability arising from disclosure of such information that is obtained during said investigation.

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Signature of Applicant

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Date

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Witness Signature

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Date