



MOUNTAIN STATES STEEL

325 SOUTH GENEVA ROAD, LINDON, UTAH 84042

Telephone: (801) 785-5085 · Fax: (801) 785-1100

APPLICATION FOR EMPLOYMENT

Please fully and accurately complete each question.
Incomplete applications may not be considered.

Qualified applicants receive equal consideration.

No question is asked for the purpose of excluding any applicant due to race, color, national origin, religion, age, sex, disability, or any other factor prohibited by law or regulation.

AN EQUAL OPPORTUNITY EMPLOYER

How did you hear about MSS? _____

PERSONAL IDENTIFICATION

Name: _____
 Last First Middle Date: _____

Address: _____
 Street City State Zip Phone: _____

WORK PREFERENCE

Position desired: _____ Salary or pay you expect: _____ Date available for work: _____

List Job benefits, other than wages, you expect or want in order of importance: (1) _____ (2) _____ (3) _____

Describe your prior experience related to this work: _____

Describe any formal schooling or training related to this work: _____

List any licenses, certificates, or professional affiliates you may have: _____

List any special skills you may have (computer, machine operation, etc.): _____

List any hobbies, special interests or sports in which you are involved: _____

Have you ever had your driver's license suspended or revoked in the last three years? Yes _____ No _____

If yes, please give details _____

Please write yes or no in each space provided on the remainder of this page.

AVAILABILITY FOR WORK

Type of work: Part time _____ Full Time _____ Temporary or short term _____

Shifts or time of day: Day _____ Afternoon _____ Graveyard _____ Rotating _____

Will you work daily overtime on occasion if necessary? _____ Will you work extra days in the week if necessary? _____

Are you now or do you expect to be engaged in any other business, employment or schooling? _____

Do you have any commitments or agreements with another employer that might affect your employment? _____

Do you have any on-going obligations or other personal commitments that would affect your work schedule? _____

PRESENT EMPLOYMENT

Are you presently employed? _____ Do you have to give advance notice to your present employer _____

May we contact your present employer for a reference? _____

PERSONAL

If requested, would you be willing to take a drug/alcohol screening exam before and/or after employment as a condition of employment? _____

Are you at least 18 years old? _____ If hired, can you furnish proof that you're eligible to work in the U.S.? _____

PRIOR EVENTS

Have you ever worked or applied for work at this company before? _____ If yes: When? _____

Have you ever been discharged for cause? _____ Have you ever been refused a surety bond or ever have one cancelled? _____

Have you ever been disciplined for absenteeism? _____ Have you ever been disciplined for tardiness? _____

Have you ever been convicted of any law violation, except a minor traffic violation? (A criminal record does not automatically bar employment) _____

Explanation to answers given above: _____

EMPLOYMENT

Please give accurate, complete full-time and part-time employment record. Start with your present or most recent employer.

1	Company Name	Telephone ()
	Address	Employed – (State month and year) From _____ To _____
	Name of Supervisor	Pay Start _____ Last _____
	State Job Title and Describe Your Work	Reason for leaving

2	Company Name	Telephone ()
	Address	Employed – (State month and year) From _____ To _____
	Name of Supervisor	Pay Start _____ Last _____
	State Job Title and Describe Your Work	Reason for leaving

3	Company Name	Telephone ()
	Address	Employed – (State month and year) From _____ To _____
	Name of Supervisor	Pay Start _____ Last _____
	State Job Title and Describe Your Work	Reason for leaving

4	Company Name	Telephone ()
	Address	Employed – (State month and year) From _____ To _____
	Name of Supervisor	Pay Start _____ Last _____
	State Job Title and Describe Your Work	Reason for leaving

We may contact the employers listed above unless you indicate those you do not want us to contact.	DO NOT CONTACT	
	Employer Number(s) _____	Reason _____
	_____	_____

APPLICANT AGREEMENT (Read carefully before signing.) All information provided by me is true and correct to the best of my knowledge. I understand omissions or misrepresentations may result in rejection of my application or, if employed, may result in subsequent dismissal. I hereby authorize any former employer, person, school, firm or corporation listed hereon, including this company, to answer any and all questions related to employment and agree to release from liability and hold all persons harmless for giving any and all truthful information within their knowledge or records. I understand that this is a preliminary application and not a contract to employ me. Furthermore, in the event that I am employed, my employment shall be completely voluntary and may be terminated at will at any time by either myself or the company. I understand that no one other than the company president has authority to enter into any employment agreement to the contrary. I agree to take a job related physical examination or a drug/alcohol test when requested as a condition of employment. I agree to comply with all rules of the company as a condition of employment. In the event the company advances me money or other things of value, I agree to repay the company and also that any amount still owing may be deducted from my final paycheck.

DATE _____

SIGNATURE OF APPLICANT _____

VOLUNTARY SURVEY

Employees are treated during employment without regard to race, color, religion, sex, national origin, age, marital status, veteran status, medical handicap, or other protected status.

Mountain States Steel is an Equal Opportunity Employer with an Affirmative Action Program and complies with Government regulations and responsibilities in regards to employment.

The purpose of this form is to comply with Government record keeping and legal requirements. Periodic reports are made to the Government with this information. The completion of this form is **VOLUNTARY** and the inclusion or exclusion of information will not affect employment decisions.

NAME: _____ DATE: _____

DATE OF BIRTH: _____ MALE: _____ FEMALE: _____

ETHNIC ORIGIN (Please check one)

_____ **WHITE:** All persons having origin in any of the original peoples of Europe, North Africa, or the Middle East.

_____ **BLACK:** All persons having origins in any of the Black racial groups.

_____ **HISPANIC:** All persons of Mexican, Puerto Rican, Cuban, Central or South American or other Spanish Culture or origin, regardless of race.

_____ **ASIAN OR PACIFIC ISLANDER:** All persons having origins in any of the original peoples of the Far East, Southeast, Asia, the Indian Subcontinent, or Pacific Islands. This area includes for example, China, India, Japan, Korea, Samoa, and Philippine Islands.

_____ **AMERICAN INDIAN or ALASKA NATIVE:** All persons having origins in any of the original peoples of North America, and those who maintain cultural identification through tribal affiliation or community recognition.

_____ **OTHER**