

APPLICATION FOR AT-WILL EMPLOYMENT - EQUAL OPPORTUNITY EMPLOYER

	(PLEASE PRINT)							
PERSONAL	NAME: LAST	FIRST	MIDDLE	SOCIAL SECURITY NUMBER				
	PRESENT ADDRESS (STREET)			TELEPHONE NUMBER BEST TIME TO CALL: AM / PM				
	(CITY)	(STATE)	(ZIP)	CELL NUMBER				
RS				Email Address:				
PE			DO YOU HAVE THE RIGHT TO LEGALLY REMAIN &	WORK IN THE US? YES NO				
			IN THE EVENT OF AN OFFER OF EMPLOYMENT, ALL PERSONS ARE REQUIRED TO PROVIDE					
	REFERRED BY:		DOCUMENTATION IN COMPLIANCE WITH THE IMMIGRATION CONTROL AND REFORM ACT.					
Z	POSITION APPLYING FOR		DATE OF APPLICATION	SALARY DESIRED/MONTH				
	DATE AVAILABLE FOR WORK AVAILABLE	FOR OVERTIME IF REQUIRED?	ARE YOU 18 OR OLDER?	1				
	STATE TO THE TOTAL TOTAL STATE		☐ YES ☐ NO					
Pos	HOURS / DAYS NOT AVAILABLE TO WORK STATE WHEN-		ı					
Ъ	HOURS / DAYS NOT AVAILABLE TO WORK - STATE WHEN:							
	CIRCLE LAST YEAR COMPLETED IN SCHOOL AND/OR COLLE	GE: 8 9 10 11 12 13 14	15 16 17 18 19 20 GRADUATE: 🗆 YI	ES NO GED: YES NO				
101	DEGREE:		MAJOR	YEAR				
EDUCATION	NAME & LOCATION OF LAST SCHOOL:							
	SPECIALIZED JOB RELATED TRAINING/CERTIFICATES:							
	ANY ADDITIONAL SKILLS/EQUIPMENT OPERATED? OFFICE & CLERICAL POSITIONS ONLY:							
	, ,		LIST OFFICE EQUIPMENT & OFFICE SKILLS IN WHIC	CH YOU ARE EXPERIENCED:				
LS								
SKILLS								
S								
(0			OTHER THAN RELATIVES, WHO HAVE KNOWN YOU F					
三	NAME	ADI	DRESS/PHONE NUMBER	YEARS KNOWN OCCUPATION				
ENCES								
EFER								
R								
	ARE YOU CURRENTLY EMPLOYED? 🗆 YES 🗆 NO 🦰 M	AY WE CONTACT YOUR PRESENT	EMPLOYER(S)?					
	LIST COUNTIES/STATES, OTHER THAN HANCOCK-OH, WHERE YOU HAVE RESIDED IN PREVIOUS 5 YRS.:							
	LICENSE NUMBER:	STATE:	NO. MOVING VIOLATIONS PAST FIVE YEARS:					
	DO YOU HAVE A VALID CDL		NO. OF ACCIDENTS LAST FIVE YEARS:	FIVE YEARS?				
E	WERE IN U.S. MILITARY? YES NO IF SO STATE BRANCH/RANK:/							
Z	HAVE YOU EVER BEEN CONVICTED OF A FELONY EXCEPT MINOR TRAFFIC VIOLATION?							
⋖	THE OUTTON DEPT INC ONLY TO COMMETONS THE	THIS QUESTION PERTAINS ONLY TO CONVICTIONS THAT HAVE NOT BEEN SEALED OR EXPUNGED)						
LLA			•					
CELLA	IF SO, PLEASE STATE CONVICTIONS(S) AND PLACE WHERE	OFFENSE(S) OCCURRED:	, 					
MISCELLANEOUS		OFFENSE(S) OCCURRED: AME?	ES", WHAT WAS THE NAME?					

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BEGINNING	WITH THE MOST RECENT	, LIST ALL EMPLOYERS FOR PREV	IOUS 5 YEAR	S	
MOST RECENT OR PRESENT EMPLOYER FROM (Mo./Yr.)		SUPERVISOR STARTING.		E/ENDING HOURLY RATE/SALARY	
	To (Mo./Yr.)				
EMPLOYER'S ADDRESS	DESCRIBE MAJOR DUTIES (responsibilities, accomplishments)				
JOB TITLE					
REASON FOR LEAVING					
EMPLOYER	FROM (Mo./Yr.)	SUPERVISOR STARTING/ENDING HOURLY RATE/SALARY			
	To (Mo./Yr.)				
EMPLOYER'S ADDRESS		DESCRIBE MAJOR DUTIES (responsibilities, accomplishments)			
ETT LOTER'S MODILESS		DESCRIBE TRIJON DUTIES (responsibilities, accomplishments)			
JOB TITLE					
REASON FOR LEAVING					
ILASON FOR ELATING					
EMPLOYER	FROM (Mo./Yr.)	SUPERVISOR	STARTING/ENDING HOURLY RATE/SALARY		
ENFLOTER		SUFERVISOR	STANTING	I/ENDING HOURLI NAIE/JALANI	
FUNDAMENTAL ADDRESS	To (Mo./Yr.)		<u> </u>		
EMPLOYER'S ADDRESS		DESCRIBE MAJOR DUTIES (responsibilities, accomplishments)			
JOB TITLE					
REASON FOR LEAVING					
	T.				
EMPLOYER	FROM (Mo./Yr.)	SUPERVISOR	STARTING	G/ENDING HOURLY RATE/SALARY	
	To (Mo./Yr.)				
EMPLOYER'S ADDRESS		DESCRIBE MAJOR DUTIES (responsibilities, accomplishments)			
JOB TITLE					
REASON FOR LEAVING					
EMPLOYER	FROM (Mo./Yr.)	SUPERVISOR	STARTING	S/ENDING HOURLY RATE/SALARY	
	To (Mo./Yr.)				
EMPLOYER'S ADDRESS		DESCRIBE MAJOR DUTIES (responsibilities, accomplishments)			
JOB TITLE					
REASON FOR LEAVING					
MOST RECENT OR PRESENT EMPLOYER	FROM (Mo./Yr.)	SUPERVISOR	STARTING	S/ENDING HOURLY RATE/SALARY	
	To (Mo./Yr.)		,		
EMPLOYER'S ADDRESS		DESCRIBE MAJOR DUTIES (responsibilities, accomplishmen	ts)	<u> </u>	
	, (
JOB TITLE					
REASON FOR LEAVING					
EMPLOYER	FROM (Ma /Vr)	CIIDEBVICOD	CTADTING	C/ENDING HUIDIA DATE/CYIADA	
ENFLOTER	FROM (Mo./Yr.)	SUPERVISOR	STAKTING	G/ENDING HOURLY RATE/SALARY	
To (Mo./Yr.) EMPLOYER'S ADDRESS		DESCRIBE MAJOR DUTIES (responsibilities, accomplishments)			
	Describe Trajon Dottes (responsibilities, accomplishments)				
JOB TITLE					
REASON FOR LEAVING					

PLEASE READ CAREFULLY BEFORE SIGNING THIS APPLICATION

AUTHORIZATION FOR INVESTIGATION AND RELEASE

I hereby acknowledge that I have read and understand the preceding statements.

WITNESS

I authorize Hancock Structural Steel, LLC to investigate all statements in this application and to secure any necessary information from all my employers and references. I hereby release all of those employers and references, and Hancock Structural Steel, LLC from liability arising from their giving or receiving information about my employment history, my academic credentials or qualifications, and my suitability for employment with Hancock Structural Steel, LLC.

Having made application for employment with Hancock Structural Steel, LLC and desiring them to be informed as to my previous record and character, I hereby authorize Hancock Structrual Steel, LLC to investigate my past record by credit check and/or background check with governing authorities to ascertain any an all information which may concern my record and character, and release any and all institutions and all persons whomsoever from any damage because of furnishing said information.

I understand that any offer of my employment is contingent upon receipt of a satisfactory report concerning, academic credentials, employment references, and, depending on the position offered, physical examination. I further understand that any false, misleading statements and/or omissions of factual data (including but not limited to omissions of former employers), that bear on my suitability for the position for which I am applying will be sufficient cause for rejection of my application if Hancock Structural Steel, LLC has not employed me and for immediate dismissal if Hancock Structural Steel, LLC has employed me. I also authorize Hancock Structural Steel, LLC to supply information about my employment record, in a whole or in part, in confidence to any prospective employer, government agency, or other party having legal and proper interest, and I hereby release Hancock Structural Steel, LLC from any liability for its providing this information.

In the event of my employment with Hancock Structural Steel, LLC I will comply with all rules, regulations, and policies set forth in Hancock Structural Steel, LLC policy manual or other communications distributed by Hancock Structural Steel, LLC. I understand that nothing in this employment application, in Hancock Structural Steel, LLC. policy statements or personnel guidelines, or in my communications with any Company official is intended to create an employment contract between Hancock Structural Steel, LLC and me. I also understand that Hancock Structural Steel, LLC has the right to modify its policies without giving me any notice of the changes. No promises regarding employment have been made to me, and I understand that no such promise or guarantee is binding upon Hancock Structural Steel, LLC unless it is made in writing and signed by an officer of Hancock Structural Steel, LLC I understand that if an employment relationship is established I have the right to terminate my employment at any time for any reason.

SOCIAL SECURITY NUMBER

NAME (Print)

DATE

SIGNATURE

Please read the following statement carefully before signing to indicate your understanding: I understand that, prior to beginning employment, I may be requested to take an employment examination. In the event that I have a disability that will affect my ability to take the test, I will so inform the Company prior to the administration of the test so that a reasonable accommodation can be made. The company reserves the right to require medical documentation regarding the need for accommodation.							
This application for employment shall be considered active for a period of time not to exceed 45 days. Any applicant wishing to be considered for employment beyond this time period should inquire as to whether or not applications are being accepted at this time.							
For Employer Use Only							
Interviewed By	Date	Hired YES □ NO □					
Starting DatePosition	n	Wage					
COMMENTS:							
N/A - Drug Test Ordered: Date	Time	CDL YES □ NO □					