



EMPLOYMENT APPLICATION

| | | | | | |
|---------------------|----------------------|-----------|-------------------------|---------------------|--|
| PLEASE PRINT | | | | Today's date: _____ | |
| _____ | | _____ | | _____ | |
| First Name | M.I. | Last Name | Preferred Name/Nickname | | |
| _____ | | _____ | | _____ | |
| Street Address | Apartment # | City | State | Zip Code | |
| _____ | | _____ | | _____ | |
| _____ | | _____ | | _____ | |
| Home Phone | Alternate/Work Phone | | E-Mail Address | | |
| _____ | | _____ | | _____ | |

| | | | | | |
|--|--|--|--|--|--|
| PLEASE PLACE A CHECK BY YOUR RESPONSE OR PROVIDE THE APPROPRIATE INFORMATION | | | | | |
| Are you interested in: Full-time _____ Part-time _____ Temporary _____ | | | | | |
| What schedule would you be available for? Weekdays _____ Weekends _____ Evenings _____ Nights _____ | | | | | |
| How did you hear about the position? Classified Ad _____ Friend (Name) _____ Radio _____ Internet _____ | | | | | |
| When are you able to start work? (Date) _____ | | | | | |
| Position applying for: _____ | | | | | |

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|---|--|------------------|--|-------------------|--|-----------------------------|--|
| PLEASE CHECK YES OR NO TO THE FOLLOWING: | | | | | | | |
| Are you authorized to work in the United States? Yes _____ No _____ | | | | | | | |
| Federal law requires that employers hire only individuals who are authorized to be lawfully employed in the United States. In compliance with these laws, West Coast Metals will verify the status of every individual offered employment with the Company. In this connection, all offers of employment are subject to verification of the applicant's identity and employment authorization, and it will be necessary for you to submit such documents as are required by law to verify your identification and employment authorization. | | | | | | | |
| Are you under 18 years of age? Yes _____ No _____ If yes, can you furnish a work permit? Yes _____ No _____ | | | | | | | |
| Are you capable of performing the essential functions of the job for which you are applying with or without a reasonable accommodation? Yes _____ No _____ | | | | | | | |
| If the job requires, do you have the appropriate valid driver's license? Yes _____ No _____ | | | | | | | |
| Name on license _____ | | DL# _____ | | Type _____ | | State of Issue _____ | |

[West Coast Metals is an equal opportunity employer and does not discriminate against any applicant or employee because of race, color, religion, sex, national origin, disability, age, or military or veteran status in accordance with federal law. In addition, West Coast Metals complies with applicable state and local laws governing non-discrimination in employment in every jurisdiction in which it maintains facilities. West Coast Metals also provides reasonable accommodation to qualified individuals with disabilities in accordance with applicable laws.]

PLEASE LIST YOUR WORK EXPERIENCE BELOW (MOST RECENT JOB FIRST)

| | | | | | |
|--|-------------------------|--|---------------------------------------|-------------------------------|--------|
| <p>FROM</p> <p>_____/_____ MO. YR.</p> <p>TO</p> <p>_____/_____ MO. YR.</p> | COMPANY NAME | | YOUR POSITION and TITLE | | |
| | NO. & STREET | | SUPERVISOR'S NAME, TITLE and POSITION | | |
| | CITY | STATE | ZIP CODE | SUPERVISOR'S TELEPHONE NUMBER | |
| | TYPE OF BUSINESS | | STARTING PAY | FINAL PAY | |
| | | | \$ | \$ | |
| | TELEPHONE NUMBER () | | TERMINATION | | REASON |
| | | <input type="checkbox"/> VOLUNTARY <input type="checkbox"/> INVOLUNTARY | | | |
| BRIEFLY DESCRIBE YOUR <u>MAJOR DUTIES</u> AND <u>REASON(S) FOR TERMINATION</u> | | | | | |
| | | | | | |

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|--|-------------------------|--|---------------------------------------|-------------------------------|--------|
| <p>FROM</p> <p>_____/_____ MO. YR.</p> <p>TO</p> <p>_____/_____ MO. YR.</p> | COMPANY NAME | | YOUR POSITION and TITLE | | |
| | NO. & STREET | | SUPERVISOR'S NAME, TITLE and POSITION | | |
| | CITY | STATE | ZIP CODE | SUPERVISOR'S TELEPHONE NUMBER | |
| | TYPE OF BUSINESS | | STARTING PAY | FINAL PAY | |
| | | | \$ | \$ | |
| | TELEPHONE NUMBER () | | TERMINATION | | REASON |
| | | <input type="checkbox"/> VOLUNTARY <input type="checkbox"/> INVOLUNTARY | | | |
| BRIEFLY DESCRIBE YOUR <u>MAJOR DUTIES</u> AND <u>REASON(S) FOR TERMINATION</u> | | | | | |
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| | NO. & STREET | | SUPERVISOR'S NAME, TITLE and POSITION | | |
| | CITY | STATE | ZIP CODE | SUPERVISOR'S TELEPHONE NUMBER | |
| | TYPE OF BUSINESS | | STARTING PAY | FINAL PAY | |
| | | | \$ | \$ | |
| | TELEPHONE NUMBER () | | TERMINATION | | REASON |
| | | <input type="checkbox"/> VOLUNTARY <input type="checkbox"/> INVOLUNTARY | | | |
| BRIEFLY DESCRIBE YOUR <u>MAJOR DUTIES</u> AND <u>REASON(S) FOR TERMINATION</u> | | | | | |
| | | | | | |

EDUCATION:

| NAME AND ADDRESS OF SCHOOL | MAJOR SUBJECT | DID YOU GRADUATE? | TYPE OF DEGREE OR DIPLOMA |
|----------------------------|---------------|-------------------|---------------------------|
| HIGH SCHOOL OR PREP | | | |
| COLLEGE | | | |
| OTHER | | | |

REFERENCES: Please list three professional references

| NAME | RELATIONSHIP | COMPANY | PHONE/ALTERNATE PHONE |
|------|--------------|---------|-----------------------|
| | | | |
| | | | |
| | | | |

PLEASE READ THE FOLLOWING INFORMATION CAREFULLY

IN THE LAST SEVEN (7) YEARS, HAVE YOU BEEN CONVICTED OF OR HAVE YOU PLEADED GUILTY TO ANY FELONY OR MISDEMEANOR*? (Please exclude minor traffic offenses and convictions which have been sealed, impounded, erased, expunged, annulled or nolle)

Yes _____ No _____

If yes, please describe:

*** PLEASE NOTE:** OTHER FACTORS WILL BE TAKEN INTO ACCOUNT SUCH AS THE NATURE OF THE OFFENSE, THE TIME THAT HAS PASSED SINCE THE CONVICTION AND THE TYPE OF JOB BEING SOUGHT. FURTHER, THIS INFORMATION WILL BE USED ONLY FOR JOB-RELATED PURPOSES AND ONLY TO THE EXTENT PERMITTED BY APPLICABLE LAW.

PLEASE READ CAREFULLY BEFORE SIGNING APPLICATION

I have submitted the attached form to the company for the purpose of obtaining employment. I acknowledge that the use of this form, and my filling it out, does not indicate that any positions are open, nor does it obligate the company to further process my application.

My signature below attests to the fact that the information that I have provided on my application, resume, given verbally, or provided in any other materials, is true and complete to the best of my knowledge and also constitutes authority to verify any and all information submitted on this application. I understand that any misrepresentation or omission of any fact in my application, resume or any other materials, or during any interviews, can be justification for refusal of employment, or, if employed, termination from the Company's employ.

I also affirm that I have not signed any kind of restrictive document creating any obligation to any former employer that would restrict my acceptance of employment with the Company in the position I am seeking.

I understand that this application is not an employment contract for any specific length of time between the Company and me, and that in the event I am hired, my employment will be "at will" and either the Company or I can terminate my employment with or without cause and with or without notice at any time. Nothing contained in any handbook, manual, policy and the like, distributed by the Company to its employees is intended to or can create an employment contract, an offer of employment or any obligation on the Company's part. The Company may, at its sole discretion, hold in abeyance or revoke, amend or modify, abridge or change any benefit, policy practice, condition or process affecting its employees.

References: I hereby authorize the company and its agents to make such investigations and inquires into my employment and educational history and other related matters as may be necessary in arriving at an employment decision. I hereby release employers, schools, and other persons from all liability in responding to inquires connected with my application and I specifically authorize the release of information by any schools, businesses, individuals, services or other entities listed by me in this form. Furthermore, I authorize the company and its agents to release any reference information to clients who request such information for purposes of evaluating my credentials and qualifications.

Temporary/Contract Employment: If employed as a temporary or contract employee, I understand that I may be an employee of the company and not of any client. If employed, I further understand that my employment is not guaranteed for any specific time and may be terminated at any time for any reason. I further understand that a contract will exist between the company and each client to whom I may be assigned which will require the client to pay a fee to the company in the event that I accept direct employment with the client, I agree to notify the company immediately should I be offered direct employment by a client (or by referral of the client to any subsidiary or affiliated company), either for a permanent, temporary (including assignments through another agency), or consulting positions during my assignment or after my assignment has ended.

SIGNED: _____

DATE: _____

