

APPLICATION FOR EMPLOYMENT

Brown Strauss Steel (the "Company") is an Equal Opportunity Employer that does not discriminate on the basis of actual or perceived race, color, creed, religion, national origin, ancestry, citizenship status, age, sex or gender (including pregnancy, childbirth, pregnancy-related conditions, and lactation), gender identity or expression (including transgender status), sexual orientation, marital status, military service and veteran status, physical or mental disability, genetic information, or any other characteristic protected by applicable federal, state, or local laws and ordinances. Consistent with the Americans with Disabilities Act, applicants may request accommodations needed to participate in the application process.

PERSONAL INFORMATION	PERSONAL INFORMATION							
First name	Middle name/initial La:	st name	SSN	Date of birth				
				_ 200 0. 0. 0.				
Street		City	State					
Sireet		City	State	Ζίμ				
		. <u></u>						
Home phone	Cell phone	Email						
How did you hear about us	s? Company website Interne	t □Referral (referred b	ру)				
	☐Temp to hire ☐Walk-in	☐ Agency ☐ Othe	er (
Are you related to anyone	at the Company? \Box \Box	lifues related to and re	Jation	1				
Are you related to anyone	at the Company? \square Yes \square No	(ii yes, related to and re	1411011	/				
EMPLOYMENT DESIRED								
Position		Date you ca	n start Desired	I hourly rate or salary				
1 031(1011		Date you ca	Tractic Desired	Thousand rate of Salary				
Are you employed now?	\square Yes \square No If yes, may we co	ntact your current empl	oyer? □Yes □No					
Have you ever applied to F	Have you ever applied to Brown Strauss before? ☐Yes ☐No If yes, where and when?							
riave you ever applied to E	brown stradss before: - res - ne	, ii yes, where and	wiicii:					
Do you seek a reasonable	accommodation to perform the ess	ential functions of the jo	b for which you are apply	ying? □Yes □No				
AVAILABILITY FOR WORK								
	 ull time □Part time □Tempor	rary or short-term						
.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		a., c. c. c						
Shifts or time of day: $\Box D$	Shifts or time of day: □Day □Afternoon □Graveyard □Rotating							
Days of the week: ☐Mon ☐Tue ☐Wed ☐Thu ☐Fri ☐Sat ☐Sun								
Days of the week: ☐Mon ☐Tue ☐Wed ☐Thu ☐Fri ☐Sat ☐Sun Will you work daily overtime on occasion if necessary? ☐Yes ☐No								
Will you work extra days in the week if necessary? Yes No								
Do you plan to work elsewhere or attend school and work here too? Yes No								
Do you have any ongoing obligations or other personal commitments that would affect your work schedule? □Yes □No								
Are you legally authorized to work in the United States? ☐ Yes ☐ No								
Will you now or in the future require sponsorship for employment ? ☐Yes ☐No								
PRIOR EMPLOYMENT								
				Reason for leaving or other				
Dates Employer	Address and phone	P	osition	comments				
, ,	·							
Have you ever been discha	arged or asked to resign from previo	ous employment? \Box Ye	es ∐No					

If yes to the above, please describe: ___

EDUCATION									
N	ame and Location	Last year	Did you graduate?	Subjects studied	d or degree(s) received				
		completed	, 0		G ()				
High school		□1 □2 □3 □4	□Yes □No						
College		□1 □2 □3 □4	□Yes □No						
Trade school		□1 □2 □3 □4	□Yes □No						
Job related skills, certifications or licenses (typing, commercial driver's license, etc.):									
AUTHORIZATION									
I certify that the facts contained in this application (and accompanying resume, if any) are true and complete to the best of my knowledge. I understand that any false statement, omission, or misrepresentation on this application is sufficient cause for refusal to hire, or dismissal if I have been employed, no matter when discovered by the company. I understand that any employment is conditioned on a background check. I authorize the Company to thoroughly investigate all statements contained in my application or resume, and I authorize my former employers and references to disclose information regarding my former employment, character and general reputation to the Company, without giving me prior notice of such disclosure. In addition, I release the Company, any former employers and all references listed above from any and all claims, demands or liabilities arising out of or related to such investigation or disclosure. I understand and agree that nothing contained in this application, or conveyed during any interview, is intended to create an employment contract. I further understand and agree that if I am hired, my employment will be "at will" and without fixed term, and may be terminated at any time, with or without cause and without prior notice, at the option of either myself or the Company. No promises regarding employment have been made to me, and I understand that no such promise or guarantee is binding upon the Company unless made in writing. If I am offered employment I agree to submit to a medical examination and drug test before starting work. If employed, I also agree to submit to a medical examination or drug test at any time deemed appropriate by the Company and as permitted by law. I consent to such examinations and tests, and I request that the examining doctor disclose to the Company the results of the examination, which results shall remain confidential and segregated from my personnel file. I understand that my employment or continued employment, to the extent permitted by law, is continge									
I understand that filling out this form does not indicate there is a position open and does not obligate the Company to hire. If hired, I agree to abide by all Company work rules, policies and procedures. The Company retains the right to revise its policies or procedures, in whole or in part, at any time.									
This application shall remain in effect for six (6) months from its submission.									
Date Signature									
SECTION BELOW FOR USE UPON EMPLOYMENT FOR PERSONNEL RECORDS. DO NOT COMPLETE AS PART OF YOUR INITIAL APPLICATION FOR EMPLOYMENT.									
Number of dependents: Marital status: \(\single \) Married \(\single \) Divorced \(\single \) Widowed Sex: \(\single \) M									
Is a "special disabled veteran" or "Veteran of the Vietnam Era"? □Yes □No									
	Name	Address	Pl	none	Email				
Emergency contact Spouse (if any):	ct:								
Personal physician	n:								



Brown Strauss Steel is subject to certain governmental recordkeeping and reporting requirements for the administration of civil rights laws and regulations. In order to comply with these laws, the employer invites employees to voluntarily self-identify their race and ethnicity. Submission of this information is voluntary and refusal to provide it will not subject you to any adverse treatment. The information will be kept confidential and will only be used in accordance with the provisions of applicable laws, executive orders, and regulations, including those that require the information to be summarized and reported to the federal government for civil rights enforcement. When reported, data will not identify any specific individual. This data is for periodic government reporting and will be kept in a **confidential file** separate from the Application for Employment.

EEO-1 SURVEY						
If you wish to be identified, p	olease sign be	low and complet	te the survey:			
First name	Middle name	e/initial	Last name		_	
Date	Signature					
Gender/Sex: □Female □M	1ale					
Ethnicity: Are you Hispanic o		□Yes, I am Hisp	lispanic or Latino. anic or Latino (a pers culture or origin, re		n, Puerto Rican, C	entral or South American or
Race: IMPORTANT - Only complete	e this section	if you checked "	No, I am not Hispan	c or Latino" in the Et	hnicity section ab	ove.
What is your race? Select ON	IE of the follo	wing categories:				
America), and who mainta ☐ Asian — A person having or Cambodia, China, India, Ja	A person ha Native — A per iins tribal affil rigins in any o pan, Korea, M Pacific Islande	aving origins in an rson having origini iation or commu f the original peo falaysia, Pakistar er – A person hav	ny of the Black racial ns in any of the origi inity attachment. oples of the Far East, n, the Philippine Islar ring origins in any of	groups of Africa. nal peoples of North Southeast Asia, or th ids, Thailand, and Vie the original peoples of	America and Soutles Indian subcontiletinam.	h America (including Central nent including, for example, Samoa, or other Pacific Islands.
Veteran Status:						
served on active duty in the has been authorized (such	5, 1964 and Mice connected to U.S. military as The Persian U.S. military to U.S. military to U.S. military	May 7, 1975 and d disability if any y, ground, naval, in Gulf, El Salvad y, ground, naval	were discharged or part of the active du or air service during or, Grenada, Lebano	eleased other than d ity was performed be a war or in a campai n, Panama, Southwes	ishonorably; or, watween August 5, 1 gn or expedition f st Asia, Haiti, Soma	
FOR PERSONNEL DEPARTME	ENT USE ONLY	1				
Position(s) applied for is ope	n: □Yes □	No Position(s) considered for:			

Date: