



# EMPLOYMENT APPLICATION

All applicants complete pages 1 - 4;  
Shop and welding applicants also fill out page 5;  
Drivers also complete page 6;  
Office and Accounting applicants complete page 7

We ask that you cooperate by carefully answering all questions. What we know about you will help us assist you in making progress with our organization if you are employed. Print name in full, but fill in remainder of application in longhand.

Today's Date: \_\_\_\_\_

Name: \_\_\_\_\_ Social Security #: \_\_\_\_\_  
FIRST MIDDLE LAST

Have you ever been known by any other name? \_\_\_\_\_ Please list: \_\_\_\_\_

Present Address: \_\_\_\_\_ How long have you lived there? \_\_\_\_\_  
City State Zipcode

Please list former residences in the last 5 years:

		From	To
1	_____	How long did you live there?	_____
2	_____	How long did you live there?	_____
3	_____	How long did you live there?	_____
4	_____	How long did you live there?	_____
5	_____	How long did you live there?	_____

City State Zipcode

Home Phone #: \_\_\_\_\_ Business or Other Phone #: \_\_\_\_\_

Position applying for: \_\_\_\_\_ When available for work? \_\_\_\_\_

Present employment status: \_\_\_\_\_ Does present employer know you are planning to leave? \_\_\_\_\_

If employed, why do you want to leave present employer? \_\_\_\_\_

What types of work do you enjoy doing most? \_\_\_\_\_

Why do you want to work for us? \_\_\_\_\_

Have you ever applied or been employed by us? \_\_\_\_\_ When? \_\_\_\_\_ Where? \_\_\_\_\_

Who referred you to us for employment? Newspaper \_\_\_\_\_ Friend \_\_\_\_\_ Job Service \_\_\_\_\_

Radio \_\_\_\_\_ Station \_\_\_\_\_ Web Site \_\_\_\_\_ Internet \_\_\_\_\_ Other (please list) \_\_\_\_\_

Are you over the age of 18? Yes \_\_\_\_\_ No \_\_\_\_\_  
(If no, employment is subject to verification that you are of minimum legal age)

Have you ever been convicted of any violation of the law? (Misdemeanor or felony) Yes \_\_\_\_\_ No \_\_\_\_\_

If so, give particulars \_\_\_\_\_  
(Conviction is not an absolute bar to employment, but will be considered only in relation to specific job requirements.)

I have no objections, if it appears to be necessary, to having my name submitted to law enforcement authorities for checking. (Please sign) \_\_\_\_\_

Do you have any limitations that would prevent you from successfully performing the essential duties of the job for which you are applying with or without accommodation? \_\_\_\_\_

What rewards do you look for in a career? \_\_\_\_\_

Why? \_\_\_\_\_

Names of relatives employed by us: \_\_\_\_\_

Military: Have you received notice to report for active duty? Yes \_\_\_\_\_ No \_\_\_\_\_

**Employment History: Give your employment history as completely and accurately as possible beginning with your present or last employer. List other employers and any periods of unemployment in the space provided.**

1. Firm Name: \_\_\_\_\_ City/State: \_\_\_\_\_ Phone: \_\_\_\_\_  
 Position: \_\_\_\_\_ From: \_\_\_\_\_ To: \_\_\_\_\_ Salary-Starting: \_\_\_\_\_ Ending: \_\_\_\_\_  
 Supervisor's Name: \_\_\_\_\_ Describe Duties: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 Reason for Leaving: \_\_\_\_\_

2. Firm Name: \_\_\_\_\_ City/State: \_\_\_\_\_ Phone: \_\_\_\_\_  
 Position: \_\_\_\_\_ From: \_\_\_\_\_ To: \_\_\_\_\_ Salary-Starting: \_\_\_\_\_ Ending: \_\_\_\_\_  
 Supervisor's Name: \_\_\_\_\_ Describe Duties: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 Reason for Leaving: \_\_\_\_\_

3. Firm Name: \_\_\_\_\_ City/State: \_\_\_\_\_ Phone: \_\_\_\_\_  
 Position: \_\_\_\_\_ From: \_\_\_\_\_ To: \_\_\_\_\_ Salary-Starting: \_\_\_\_\_ Ending: \_\_\_\_\_  
 Supervisor's Name: \_\_\_\_\_ Describe Duties: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 Reason for Leaving: \_\_\_\_\_

4. Firm Name: \_\_\_\_\_ City/State: \_\_\_\_\_ Phone: \_\_\_\_\_  
 Position: \_\_\_\_\_ From: \_\_\_\_\_ To: \_\_\_\_\_ Salary-Starting: \_\_\_\_\_ Ending: \_\_\_\_\_  
 Supervisor's Name: \_\_\_\_\_ Describe Duties: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 Reason for Leaving: \_\_\_\_\_

5. Firm Name: \_\_\_\_\_ City/State: \_\_\_\_\_ Phone: \_\_\_\_\_  
 Position: \_\_\_\_\_ From: \_\_\_\_\_ To: \_\_\_\_\_ Salary-Starting: \_\_\_\_\_ Ending: \_\_\_\_\_  
 Supervisor's Name: \_\_\_\_\_ Describe Duties: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 Reason for Leaving: \_\_\_\_\_

Dates of Unemployment Periods	Activities During Unemployment Periods

Indicate by number \_\_\_\_\_ any of the above employers you do not wish us to contact.

Were you ever bonded? \_\_\_\_\_ On which jobs? \_\_\_\_\_

Are there any skills, qualifications or experiences which you feel would particularly help you to work for PKM? \_\_\_\_\_



**EDUCATION**

	SCHOOL NAME and LOCATION	TYPE of COURSE	# of Years Attended	Did You Graduate?	Degree Received?
1. Grade					
2. High					
3. College					
4. Graduate					
5. Other					
6. Other					

List any special interests, activities and organizations in which you were active while in school:

**REFERENCES:** List three (3) personal references. Please do not include relatives or former employers.

	Name	Address	Phone #	How Long Known
1.				
2.				
3.				

**PHYSICAL:** PKM Steel Service, Inc. is a "Drug-Free Workplace." All entering employees must pass a drug screen as a condition of employment.

Are you opposed to random drug testing? \_\_\_\_\_ Do you smoke? \_\_\_\_\_

Height (optional): \_\_\_\_\_ Weight (optional): \_\_\_\_\_ Glasses or Contacts (optional): \_\_\_\_\_

General Health (optional):    ( ) Fair                    ( ) Good                    ( ) Excellent

Are you willing to submit to a physical examination upon an offer of employment? \_\_\_\_\_

I hereby give my voluntary consent to be subjected to a physical examination upon an offer of employment, to determine if I have physical or mental limitations that would prevent me from performing the "essential functions" of this position assignment. I also consent to submit to a urinalysis/hair drug screen upon an offer of employment as a requirement of employment as prescribed by PKM Steel Service, Inc.'s "Drug-Free Workplace" Policy. The results of the tests performed on my specimen will be released only to an authorized representative of PKM Steel Service, Inc. I also understand that failure to consent to a drug screen will be considered as my voluntary withdrawal of my application for employment. I understand that these exams are voluntary and required of all entering employees as a condition of employment. I further understand that all information gathered as a result of these exams will be treated as confidential medical records.

**PLEASE SIGN:** \_\_\_\_\_

Any comments you would like to make: \_\_\_\_\_

**ALL APPLICANTS READ FOLLOWING STATEMENT CAREFULLY AND SIGN BELOW:**

I hereby certify that all questions are accurately answered and I authorize the company to contact my former employers, references, and all other sources listed in this application. I further understand that any false, misleading, or incorrect statements may render this application void, and, if employed, may be grounds for immediate termination. Completion of this form does not assure me a position with this Company nor obligate the Company in any way. I further understand that employment with PKM Steel Service, Inc. is employment at will as provided by the statues of the State of Kansas, and that the Company reserves the unilateral right to modify its policies from time to time and to terminate my employment with the Company at any time and for any reason. I further understand that this application will remain active for not longer than six (6) months from this date. Selected candidates will be notified by written conditional offer.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**FOLLOWING QUESTIONS TO BE ANSWERED BY SHOP APPLICANTS ONLY**

Check type of machine or equipment you have operated and list specifics:	Length of Experience:
( ) Overhead Crane	
( ) Shear	
( ) Band Saw	
( ) Fork Lift	
( ) Ironworker	
( ) CNC Equipment	
( ) Other:	
( ) Other:	

Will you work Saturdays and other overtime when requested?      \_\_\_ YES    \_\_\_ NO

Are you interested in working second shift if available?      \_\_\_ YES    \_\_\_ NO

Are you able to lift a minimum of seventy (70) pounds?      \_\_\_ YES    \_\_\_ NO

Are you able to read a tape measure to 1/16 of an inch?      \_\_\_ YES    \_\_\_ NO

Are you familiar with metric measurements/conversions?      \_\_\_ YES    \_\_\_ NO

Are you able to be at your work station each scheduled working day by 6:30 a.m.?      \_\_\_ YES    \_\_\_ NO

**WELDERS:**

Types of Weld	Type of Training & Length of Experience	YES	NO
ARC		___	___
MIG-GAS METAL ARC		___	___
MIG-FLUX CORE ARC		___	___
OTHER		___	___

Please list any fabrication shop experience:

Company Name	Description of Experience	Length of Experience

Applicant should not write below this line

Date application sent: \_\_\_\_\_ Reviewed By: \_\_\_\_\_

Date Received: \_\_\_\_\_

Disposition Recommended and Actions Taken: \_\_\_\_\_

Application \_\_\_\_\_ Tape \_\_\_\_\_ Blueprint \_\_\_\_\_ Weld \_\_\_\_\_ Interview1 \_\_\_\_\_

Interview2 \_\_\_\_\_ References \_\_\_\_\_ Offer \_\_\_\_\_ Accept \_\_\_\_\_ UA \_\_\_\_\_ Physical \_\_\_\_\_

**FOLLOWING QUESTIONS TO BE ANSWERED BY DRIVERS AND SALES APPLICANTS ONLY**

Do you know the traffic laws of this City and State? \_\_\_\_\_

Drivers in the Company are held responsible for all laws they break. Do you accept this rule? \_\_\_\_\_

Do you have any physical defects that would interfere with your driving a motor vehicle with absolute safety? \_\_\_\_\_

If yes, give particulars: \_\_\_\_\_

Have you good eyesight in both eyes? \_\_\_\_\_ Do you wear glasses or contacts? \_\_\_\_\_

Can you correctly distinguish colors? \_\_\_\_\_ Have you perfect hearing? \_\_\_\_\_

Driving experience: I have driven a motor vehicle since (Date): \_\_\_\_\_ Years of Experience \_\_\_\_\_

Check and List Types of vehicles you have driven		Approximate Miles Driven	Years of Experience
( )	Passenger Car		
( )	Bus		
( )	Taxi Cab		
( )	Trucks (1 1/2 tons)		
( )	Truck over 1 1/2 tons		
( )	Trailer Combinations		

Do you have valid Kansas Driver's License: \_\_\_\_\_ Class \_\_\_\_\_ Expires \_\_\_\_\_ Birthdate \_\_\_\_\_

List all other states in which you are now licensed, types of licenses held, license number and expiration dates.  
 \_\_\_\_\_  
 \_\_\_\_\_

**RECORD OF ACCIDENTS:**

Have you had any truck accidents involving damage to equipment driven by you or to property of others? \_\_\_\_\_

If yes, give particulars (date, reason, result, etc. ) \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Have you read the I.C.C. Safety Regulations? \_\_\_\_\_

Applicant should not write below this line

Date application sent: \_\_\_\_\_ Reviewed By: \_\_\_\_\_

Date Received: \_\_\_\_\_

Disposition Recommended and Actions Taken: \_\_\_\_\_

Resume \_\_\_\_\_ Application \_\_\_\_\_ Interview1 \_\_\_\_\_ Interview2 \_\_\_\_\_ Interview3 \_\_\_\_\_

References \_\_\_\_\_ Offer \_\_\_\_\_ Accept \_\_\_\_\_ UA \_\_\_\_\_ Physical \_\_\_\_\_

**FOLLOWING QUESTIONS TO BE ANSWERED BY ACCOUNTING AND OFFICE APPLICANTS ONLY**

Please specify the degree of experience you have in the following areas by using numbers 0 through

0 = No experience 4 = At least 3 years	1 = Exposure to Daily Experience	2 = Assisted with 5 = Area of Expertise	3 = Job Experience
What computer applications do you have experience with? (Brand)		Prepare Input of P.O.s	Cost to Complete
_____ Wordprocess	_____	Verifying Vendor Accuracy	Construction Subcontract
_____ Spreadsheet	_____	Invoice Verification	Purchasing
_____ Data Base	_____	Coordinate Invoice Approval	Invoice Verification
_____ Publication	_____	Contract/Purchase Negotiations	<b>STRUCTURAL DETAILING</b>
_____ Network	_____	AIA Billing	_____ Detailing (Manual)
_____ Programming Language	_____	Cash Receipts	_____ CAD Detailing
<b>OFFICE SKILLS</b>		Check Processing	<b>PRODUCTION MGMT.</b>
_____ Typing (wpm)	_____	Contract Accounting	_____ Production Management
_____ Data Input / Key punch (wpm)	_____	Subcontract Accounting	_____ CNC Programming
_____ Receptionist	_____	Sales/Use Tax Return	_____ Production Scheduling
_____ Number of Phone Lines	_____	Payroll Tax Returns	_____ Blueprint Reading
_____ Order Supplies	_____	A/P Vouchers	_____ Supervision
_____ Office Form Design	_____	Certified Payroll	_____ # of Employees
_____ Express Mail	_____	Cash Flow Projections	_____ Shipping
_____ Postage Meter	_____	Income Tax Returns	_____ Receiving
_____ Bulk Mailings	_____	Depreciation Schedules	_____ Dispatching
_____ Secretarial	_____	Multi-Company Bookkeeping	<b>H.R. MANAGEMENT</b>
_____ Filing	_____	Credit and Collections	_____ Human Resource Management
_____ Copy Machine	_____	Loan Management	_____ Benefit Administration
_____ Fax Machine	_____	Financial Statement Preparation	_____ Health Insurance
_____ Petty Cash	_____	Cash Investments	_____ Recruiting
_____ Office Manager	_____	Work In Process	_____ Candidate Selection
<b>MANAGEMENT</b>		Inventory Reporting	_____ Unemployment Law
_____ Contracts and Leases	_____	Asset Management	_____ Worker's Compensation
_____ Construction Contracts	_____	Accounting Manager	_____ Environmental Law
_____ Insurance Management	_____	<b>ESTIMATING, SALES/MARKETING</b>	_____ Labor Law
_____ Licensing	_____	_____ Sales/Marketing	_____ Safety Management
_____ Strategic Planning	_____	_____ Blueprint Reading	_____ OSHA Compliance
_____ Corporate Development	_____	_____ Take-offs	_____ EPA Compliance
_____ Employee Development	_____	_____ Bid Calculation and Compilation	_____ Policy Development
_____ Incentive Plans	_____	<b>PROJECT MANAGEMENT</b>	_____ Policy Enforcement/Discipline
_____ Company Officer (title)	_____	_____ Project Management	_____ Total Quality Management
<b>ACCOUNTING</b>		_____ Field Supervision	_____ Development of Training
_____ Bank Reconciliation	_____	_____ Contract Law	_____ Training Delivery
_____ Time Cards	_____	_____ Contract Budgets	_____ Newsletter Publication
_____ Payroll Processing	_____	_____ Contract Cash Flow	_____ Publication Design/Lay-Out
		_____ Project Scheduling	_____ Video Development/Production

Applicant should not write below this line

Date application sent: \_\_\_\_\_ Reviewed By: \_\_\_\_\_

Date Received: \_\_\_\_\_

Disposition Recommended and Actions Taken: \_\_\_\_\_

Resume \_\_\_\_\_ Application \_\_\_\_\_ Interview1 \_\_\_\_\_ Interview2 \_\_\_\_\_ Interview3 \_\_\_\_\_

References \_\_\_\_\_ Offer \_\_\_\_\_ Accept \_\_\_\_\_ UA \_\_\_\_\_ Physical \_\_\_\_\_