



## EMPLOYMENT APPLICATION

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: \_\_\_\_\_  
FIRST MIDDLE LAST

Have you ever been known by any other name? ☐ Yes ☐ No Please list: \_\_\_\_\_

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

Please list former residences in the last 3 years:

		From	To
1	_____	How long did you live there?	_____
2	_____	How long did you live there?	_____
	<small>City State Zipcode</small>		

Cell Phone #: \_\_\_\_\_ Other Phone #: \_\_\_\_\_

Email address: \_\_\_\_\_

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

Present employment status: \_\_\_\_\_ Does present employer know you are planing to leave? ☐ Yes ☐ No

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

Are there any skills, qualifications or experiences which you feel would particularly help you to work for PKM? ☐ Yes ☐ No

Please list: \_\_\_\_\_

Have you ever applied / been employed by us? ☐ Yes ☐ No When? \_\_\_\_\_ Where? \_\_\_\_\_

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

Who referred you to us for employment? ☐ Indeed ☐ Friend \_\_\_\_\_ ☐ Kansas Works  
☐ Radio ☐ Internet (list) \_\_\_\_\_ ☐ PKM Web Site ☐ 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? ☐ Yes ☐ No

If yes, please list: \_\_\_\_\_

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: \_\_\_\_\_  
 May we contact? ☐ Yes ☐ No If no, why: \_\_\_\_\_

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

Reason for Leaving: \_\_\_\_\_  
 May we contact? ☐ Yes ☐ No If no, why: \_\_\_\_\_

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

Reason for Leaving: \_\_\_\_\_  
 May we contact? ☐ Yes ☐ No If no, why: \_\_\_\_\_

Were you ever bonded? ☐ Yes ☐ No On which jobs? \_\_\_\_\_

## EDUCATION

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

## REFERENCES: List three (3) professional references.

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

**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		
( ) Airless Paint		
( ) 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 repetitively & without assistance?

☐ Yes ☐ No

Are you able to read a tape measure to 1/16 of an inch?

☐ Yes ☐ No

Do you have transportation to and from work?

☐ Yes ☐ No

**WELDERS:**

Types of Weld	Type of Training & Length of Experience
ARC (SMAW)	<input type="checkbox"/> Yes <input type="checkbox"/> No
MIG-GAS METAL ARC (GMAW)	<input type="checkbox"/> Yes <input type="checkbox"/> No
MIG-FLUX CORE ARC (FCAW)	<input type="checkbox"/> Yes <input type="checkbox"/> No
SUBMERGED ARC WELDING (SAW)	<input type="checkbox"/> Yes <input type="checkbox"/> No
OTHER	<input type="checkbox"/> Yes <input type="checkbox"/> No

Please list any fabrication shop experience:

Company Name	Description of Experience	Length of Experience

Do you have good eyesight in both eyes?

☐ Yes ☐ No

Do you wear glasses or contacts?

☐ Yes ☐ No

Can you correctly distinguish colors?

☐ Yes ☐ No

Do you have issues with hearing? ☐ Yes ☐ No

If yes, please explain: \_\_\_\_\_

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

**Please specify the degree of experience you have in the following areas by using numbers 0 through 4.**

**0 = No experience      1 = Exposure to      2 = Job Experience      3 = At least 3 years Daily Experience      4 = Area of Expertise**

**COMPUTER APPLICATIONS**

\_\_\_\_\_ Microsoft applications  
 \_\_\_\_\_ - Word  
 \_\_\_\_\_ - Excel  
 \_\_\_\_\_ - Publisher  
 \_\_\_\_\_ Data Base  
 \_\_\_\_\_ Network  
 \_\_\_\_\_ Programming Language  
 \_\_\_\_\_ Publication Design/Lay-Out  
 \_\_\_\_\_ Video Development/Production

**OFFICE SKILLS**

\_\_\_\_\_ Data Input / Key punch  
 \_\_\_\_\_ Receptionist  
     Number of Phone Lines \_\_\_\_\_  
 \_\_\_\_\_ Order Office Supplies  
 \_\_\_\_\_ Express Mail  
 \_\_\_\_\_ Postage Meter/Bulk Mailings  
 \_\_\_\_\_ Secretarial/Filing  
 \_\_\_\_\_ Scanning  
 \_\_\_\_\_ Petty Cash  
 \_\_\_\_\_ Newsletter Publication  
 \_\_\_\_\_ Office Manager

**MANAGEMENT**

\_\_\_\_\_ Construction Contracts and Leases  
 \_\_\_\_\_ Insurance Management  
 \_\_\_\_\_ Strategic Planning  
 \_\_\_\_\_ Corporate Development  
 \_\_\_\_\_ Incentive Plans  
 \_\_\_\_\_ Company Officer (title) \_\_\_\_\_

**TRUCKING MANAGEMENT**

\_\_\_\_\_ Weight Calculation  
 \_\_\_\_\_ DOT Regulations  
 \_\_\_\_\_ Scheduling & Routing  
 \_\_\_\_\_ Maintenance Scheduling  
 \_\_\_\_\_ Safety Inspection  
 \_\_\_\_\_ Supervise Drivers  
     # of Drivers \_\_\_\_\_

**ESTIMATING/SALES/MARKETING**

\_\_\_\_\_ Marketing/Website  
 \_\_\_\_\_ Social Media  
 \_\_\_\_\_ Outside Sales-phone  
 \_\_\_\_\_ A305 Updates  
 \_\_\_\_\_ Specs/Scope Review  
 \_\_\_\_\_ Read Design Drawings  
 \_\_\_\_\_ Bid Calculation and Compilation

**ACCOUNTING**

\_\_\_\_\_ Bank Reconciliation  
 \_\_\_\_\_ Prepare Input of P.O.s  
 \_\_\_\_\_ Verifying Vendor Accuracy  
 \_\_\_\_\_ Invoice Verification  
 \_\_\_\_\_ Coordinate Invoice Approval  
 \_\_\_\_\_ Cash Receipts  
 \_\_\_\_\_ Check Processing  
 \_\_\_\_\_ Sales/Use Tax Return  
 \_\_\_\_\_ A/P Vouchers  
 \_\_\_\_\_ Contract/Purchase Negotiations  
 \_\_\_\_\_ AIA Construction Billing  
 \_\_\_\_\_ Contract Accounting  
 \_\_\_\_\_ Subcontract Accounting  
 \_\_\_\_\_ Certified Payroll  
 \_\_\_\_\_ Cash Flow Projections  
 \_\_\_\_\_ Credit and Collections  
 \_\_\_\_\_ Time Cards / Tie Out  
 \_\_\_\_\_ Payroll Processing  
 \_\_\_\_\_ Garnishment  
 \_\_\_\_\_ 3rd Party Processing \_\_\_\_\_  
 \_\_\_\_\_ Payroll Tax Returns  
 \_\_\_\_\_ Income Tax Returns  
 \_\_\_\_\_ Depreciation Schedules  
 \_\_\_\_\_ Multi-Company Bookkeeping  
 \_\_\_\_\_ Loan Management  
 \_\_\_\_\_ Financial Statement Preparation  
 \_\_\_\_\_ Cash Investments  
 \_\_\_\_\_ Work In Process  
 \_\_\_\_\_ Inventory Reporting  
 \_\_\_\_\_ Asset Management  
 \_\_\_\_\_ Accounting Manager

**PURCHASING/INVENTORY CONTROL**

\_\_\_\_\_ Inventory Control  
 \_\_\_\_\_ Cycle Counts  
 \_\_\_\_\_ Negotiation  
 \_\_\_\_\_ Receiving  
 \_\_\_\_\_ Coordinating Approval of Invoice  
 \_\_\_\_\_ Input of P.O.s  
 \_\_\_\_\_ Verifying Vendor Accuracy  
 \_\_\_\_\_ Metallurgy  
 \_\_\_\_\_ Inventory Reporting

**ADDITIONAL SKILLS**

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**PRODUCTION MGMT.**

\_\_\_\_\_ Production Management  
 \_\_\_\_\_ CNC Programming  
 \_\_\_\_\_ Shop Data      \_\_\_\_\_ Yes      \_\_\_\_\_ No  
 \_\_\_\_\_  
 \_\_\_\_\_ Production Scheduling  
 \_\_\_\_\_ Blueprint Reading  
 \_\_\_\_\_ Supervision  
     # of Employees \_\_\_\_\_  
 \_\_\_\_\_ Shipping  
 \_\_\_\_\_ Receiving

**PROJECT MANAGEMENT**

\_\_\_\_\_ Project Management  
 \_\_\_\_\_ Field Supervision  
 \_\_\_\_\_ Dispatching  
 \_\_\_\_\_ Contract Budgets/Contract Cash Flow  
 \_\_\_\_\_ Project Scheduling  
 \_\_\_\_\_ Cost to Complete  
 \_\_\_\_\_ Construction Contract/Subcontract  
 \_\_\_\_\_ Purchasing  
 \_\_\_\_\_ Invoice Verification  
 \_\_\_\_\_ AISC Code of Standard Practice

**STRUCTURAL DETAILING**

\_\_\_\_\_ Manual Detailing  
 \_\_\_\_\_ Detailing Software  
 \_\_\_\_\_

**H.R. MANAGEMENT**

\_\_\_\_\_ Human Resource Management  
 \_\_\_\_\_ Benefit Administration  
 \_\_\_\_\_ Recruiting/Candidate Selection  
 \_\_\_\_\_ Social Media  
 \_\_\_\_\_ Unemployment Law  
 \_\_\_\_\_ Labor Law  
 \_\_\_\_\_ Worker's Compensation  
 \_\_\_\_\_ Environmental Law  
 \_\_\_\_\_ Safety Management  
 \_\_\_\_\_ OSHA Compliance  
 \_\_\_\_\_ EPA Compliance  
 \_\_\_\_\_ Policy Development  
 \_\_\_\_\_ Policy Enforcement/Discipline  
 \_\_\_\_\_ Training Development & Delivery  
 \_\_\_\_\_ Employee Development  
 \_\_\_\_\_ Six Sigma / Lean Mgmt

Do you have valid Kansas Driver's License: ☐ Yes ☐ No Class \_\_\_\_\_ Expires \_\_\_\_\_

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

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		
( ) Trucks (1 1/2 tons)		
( ) Truck over 1 1/2 tons		
( ) Trailer Combinations		

### RECORD OF ACCIDENTS:

Have you had any accidents involving damage to equipment driven by you or to property of others? ☐ Yes ☐ No

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

Do you know the traffic laws of this City and State? ☐ Yes ☐ No

Drivers in the Company are held responsible for all laws they break. Do you accept this rule? ☐ Yes ☐ No

Do you have any physical defects that would interfere with your driving a motor vehicle with absolute safety? ☐ Yes ☐ No

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

**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? ☐ Yes ☐ No

Are you willing to submit to a physical examination upon an offer of employment? ☐ Yes ☐ No

PKM Follows state guidelines of smoke free facilities.

I hereby give my voluntary consent to be subjected to a physical examination upon an offer of employment, to determine if I have physical that would prevent me from performing the "essential functions" of this position assignment. **I also consent to submit to a 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. "Drug -Free Workplace Policy States testing for: Reasonable suspicion, accident and/or incident testing, Post Offer, Pre-employment testing, Random Testing."

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

### 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 statutes 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 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: \_\_\_\_\_