



APPLICATION FOR EMPLOYMENT

Myers Iron Salvage and Roll-Offs

PERSONAL INFORMATION

DATE

NAME

LAST FIRST MIDDLE INITIAL SOCIAL SECURITY NUMBER

PERMANENT ADDRESS

STREET CITY STATE ZIP

PRESENT MEMBERSHIP IN NATIONAL GUARD OR RESERVES Yes No No Answer

PHONE NO. ARE YOU 18 YEARS OR OLDER? Yes No

ARE YOU PREVENTED FROM LAWFULLY BECOMING EMPLOYED IN THIS COUNTRY BECAUSE OF VISA OR IMMIGRATION STATUS? Yes No

EMPLOYMENT DESIRED

POSITION **DATE YOU CAN START** **SALARY DESIRED**

ARE YOU EMPLOYED NOW? IF SO MAY WE INQUIRE OF YOUR PRESENT EMPLOYER?

EVER APPLIED TO THIS COMPANY BEFORE? WHERE? WHEN?

REFERRED BY

EDUCATION	NAME AND LOCATION OF SCHOOL	NUMBER OF YEARS ATTENDED	*DID YOU GRADUATE?	SUBJECTS STUDIED
HIGH SCHOOL	<input style="width: 95%; height: 20px;" type="text"/>	<input style="width: 40%; height: 20px;" type="text"/>	<input style="width: 40%; height: 20px;" type="text"/>	<input style="width: 95%; height: 20px;" type="text"/>
COLLEGE	<input style="width: 95%; height: 20px;" type="text"/>	<input style="width: 40%; height: 20px;" type="text"/>	<input style="width: 40%; height: 20px;" type="text"/>	<input style="width: 95%; height: 20px;" type="text"/>
TRADE, BUSINESS OR CORRESPONDENCE SCHOOL	<input style="width: 95%; height: 20px;" type="text"/>	<input style="width: 40%; height: 20px;" type="text"/>	<input style="width: 40%; height: 20px;" type="text"/>	<input style="width: 95%; height: 20px;" type="text"/>

Driving Experience/ Equipment Operator/ Experience (Check all that apply)

- | | | | |
|--------------------------------------|--|---|--|
| <input type="checkbox"/> CDL CLASS A | <input type="checkbox"/> CUTTING TORCH | <input type="checkbox"/> FORKLIFT | <input type="checkbox"/> POWER TOOLS |
| <input type="checkbox"/> CDL CLASS B | <input type="checkbox"/> SKIDSTEER | <input type="checkbox"/> SCALE | <input type="checkbox"/> LOADER |
| <input type="checkbox"/> EXCAVATOR | <input type="checkbox"/> WIRE STRIPPER | <input type="checkbox"/> LOADER | <input type="checkbox"/> PLAZMA CUTTER |
| <input type="checkbox"/> WELDING | <input type="checkbox"/> TOW TRUCK | <input type="checkbox"/> ROLL-OFF TRUCK | <input type="checkbox"/> SHEAR |

Drivers License # State Expiration Date:

FORMER EMPLOYERS (LIST BELOW LAST THREE EMPLOYERS, STARTING WITH LAST ONE FIRST).

DATE MONTH AND YEAR	NAME AND ADDRESS OF EMPLOYER	SALARY	POSITION	REASON FOR LEAVING
FROM <input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
TO <input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
FROM <input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
TO <input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
FROM <input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
TO <input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

REFERENCES: GIVE THE NAMES OF THREE PERSONS NOT RELATED TO YOU, WHOM YOU HAVE KNOWN AT LEAST ONE YEAR.

	NAME	ADDRESS	BUSINESS	YEARS ACQUAINTED
1	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
2	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
3	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

I, , hereby authorize Myers Iron Salvage and Roll-Offs to conduct a background check as part of my employment application. This includes criminal history, employment, and educational background. I release Myers Iron Salvage and Roll-Offs from any liability arising from the disclosure or use of this information. I understand that providing false information may lead to disqualification or termination. This authorization is valid for the application process and my employment with Myers Iron Salvage and Roll-Offs.

Signature of Applicant

Applicants Understand that this is an Equal Opportunity Employer and committed to excellence through diversity. In order to ensure this Application is acceptable, please print or type with the application being fully completed in order for it to be consider. Please complete each section, even if listed in your resume.

"I CERTIFY THAT ALL THE INFORMATION SUBMITTED BY ME ON THIS APPLICATION IS TRUE AND COMPLETE, AND I UNDERSTAND THAT IF ANY FALSE INFORMATION, OMISSIONS, OR MISREPRESENTATIONS ARE DISCOVERED, MY APPLICATION MAY BE REJECTED AND, IF I AM EMPLOYED. MY EMPLOYMENT MAY BE TERMINATED AT ANY TIME. IN CONSIDERATION OF MY EMPLOYMENT, I AGREE TO CONFORM TO THE COMPANY'S RULES AND REGULATIONS, AND I AGREE THAT MY EMPLOYMENT AND COMPENSATION CAN BE TERMINATED, WITH OR WITHOUT CAUSE. AND WITH OR WITHOUT NOTICE, AT ANY TIME, AT EITHER MY OR THE COMPANY'S OPTION. I ALSO UNDERSTAND AND AGREE THAT THE TERMS AND CONDITIONS OF MY EMPLOYMENT MAY BE CHANGED, WITH OR WITHOUT CAUSE, AND WITH OR WITHOUT NOTICE, AT ANY TIME BY THE COMPANY. I UNDERSTAND THAT NO COMPANY REPRESENTATIVE, OTHER THAN IT'S PRESIDENT, AND THEN ONLY WHEN IN WRONG AND SIGNED BY THE PRESIDENT, HAS ANY AUTHORITY TO ENTER INTO ANY AGREEMENT FOR EMPLOYMENT FOR ANY SPECIFIC PERIOD OF TIME, OR TO MAKE ANY AGREEMENT CONTRARY TO THE FOREGOING.

DATE SIGNATURE _____

DO NOT WRITE BELOW THIS LINE

INTERVIEWED BY: _____

DATE: _____

REMARKS: _____

NEATNESS _____

ABILITY _____

HIRED: Yes No

POSITION _____

DEPT. _____

SALARY/WAGE _____

DATE REPORTING TO WORK _____

APPROVED: _____

1. _____
EMPLOYMENT MANAGER

2. _____
DEPT. HEAD

3. _____
GENERAL MANAGER