



APPLICATION FOR EMPLOYMENT

An Equal Opportunity Employer

#5 Cut Street
Alton, IL 62002
618-463-4490

HUMAN RESOURCES

INSTRUCTIONS: Please type or print in Black or Blue Ink.

DATE OF APPLICATION:

PERSONAL INFORMATION

APPLICANT NAME

Last Name First Name Middle Name

SOCIAL SECURITY

OTHER NAME(S) USED

ADDRESS

Street Apt/Unit

City State Zip

TELEPHONE

Home Number Cell Number

E-MAIL ADDRESS

POSITION APPLIED FOR _____ DESIRED PAY RANGE \$ _____ HOUR YEAR

(1) Are you currently employed? No Yes Date Available _____
(mm/dd/yyyy)

(2) Are you legally authorized to work in the United States? No Yes

(3) Are you legally eligible to work in the United States? No Yes

(4) Are you at least 18 years old? No Yes

(5) Have you ever been employed by ASI, or any of its subsidiaries, groups or predecessor companies? No Yes → If YES, list start/end dates and position(s) held.

Employment Dates Position(s) Held
(Start) (End)

(6) Have you ever filed an application with ASI before? No Yes → If YES, list date(s) of prior application and position(s).

Date(s) of Prior Application to ASI Position(s) Applied

TRAINING & EDUCATION

Type of School	Name of School (City, State)	# of Years Completed	Did You Graduate?	Courses Pursued / Degree(s) Granted
			(Select One)	
High School or GED			<input type="checkbox"/> No <input type="checkbox"/> Yes	
College/University			<input type="checkbox"/> No <input type="checkbox"/> Yes	
Graduate Studies			<input type="checkbox"/> No <input type="checkbox"/> Yes	
Business/Trade/Technical			<input type="checkbox"/> No <input type="checkbox"/> Yes	
Correspondence/ Other Specialized Training			<input type="checkbox"/> No <input type="checkbox"/> Yes	



APPLICANT NAME _____

TRAINING & EDUCATION (CONTINUED)

Please indicate with an "X" any areas of highest proficiency, special skills or other items that may contribute to your abilities in performing the above-mentioned position, including computer software, apprenticeship, training and seminars.

	# of Years Experience	Beginner	Intermediate	Advanced	N/A
BUSINESS OFFICE					
Business Administration					
Customer Service					
Finance / Accounting					
Human Resources / Union Relations					
Information Technology / Programming					
Law / Compliance / Risk Management					
Leadership / Management					
Marketing / Public Relations					
Office / Clerical / Data Processing					
Purchasing / Inventory					
Sales / Business Development					
STEEL MILL					
Construction / Maintenance / Welding					
Driving Endorsements (CDL, Forklift, Crane)					
Electrical / Mechanical Engineer					
Environmental Sciences / Chemical Lab					
General Labor / Manufacturing					
Metallurgical Sciences					
Operations – Steel Mill					
Quality / ISO Compliance					
Traffic / Logistics					
Other: (Please List Above)					
COMPUTER SYSTEMS, OFFICE EQUIPMENT & SOFTWARE					
Microsoft Professional (Word, Excel, PowerPoint)					
Email (Microsoft Outlook / Google Mail)					
Office machines (i.e. Fax, Copier, Scanner, etc.)					
Payroll / HRIS Software					
IT Systems/Languages					
10-Key Machine					
AP/AR – General Ledger					



EMPLOYMENT RECORD & EXPERIENCE

Starting with your present/most recent job, list all of your employment experience for at least the last 10 years. Please list all prior employers and account for all periods of time – including unemployment. You may include job-related military service and/or volunteer assignments that reflect your qualifications for employment.

Job Title		Employer	Start Date (mm/yy)	End Date (mm/yy)	Eligible for Rehire? <input type="checkbox"/> No <input type="checkbox"/> Yes
Immediate Supervisor	Telephone ()	City, State	Reason for Leaving	Final Earnings \$ <input type="checkbox"/> Hour <input type="checkbox"/> Year	

Job Title		Employer	Start Date (mm/yy)	End Date (mm/yy)	Eligible for Rehire? <input type="checkbox"/> No <input type="checkbox"/> Yes
Immediate Supervisor	Telephone ()	City, State	Reason for Leaving	Final Earnings \$ <input type="checkbox"/> Hour <input type="checkbox"/> Year	

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Job Title		Employer	Start Date (mm/yy)	End Date (mm/yy)	Eligible for Rehire? <input type="checkbox"/> No <input type="checkbox"/> Yes
Immediate Supervisor	Telephone ()	City, State	Reason for Leaving	Final Earnings \$ <input type="checkbox"/> Hour <input type="checkbox"/> Year	

(1) May we contact the employers you have listed? No Yes *If No, please list which one & the reason for your request.

Employer:	Do not contact because
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(2) Do you have any commitments or obligations with any other employer, business or organization that might affect your availability to work if you were hired? No Yes *If Yes, please explain below.

Applicant explanation:

(3) Have you ever been discharged (fired) or asked to resign from a position? No Yes *If Yes, please state the employer, dates of employment and reason below.

Employer:	Date of Employment:	Applicant explanation:
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PROFESSIONAL REFERENCES

No relatives. Please only list professional/educational references.

Name of Reference	Company / Affiliation	Years Known	Phone ()	Email Address
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APPLICANT STATEMENT

- I. I certify that all statements and answers contained in this application are true and correct to the best of my knowledge and that I have not withheld any information that might affect my application unfavorably. I understand that any false statement or omission of material facts on this application is sufficient reason for rejection of this application or my dismissal, if employed. Please Initial
→ _____
- II. I agree to have a medical examination at the request and expense of the company and understand this will include testing for drugs, alcohol or chemical substances. I further agree that any offer of employment is contingent upon my passing this medical examination. I hereby consent to a pre and/or post-employment drug screen. Please Initial
→ _____
- III. I authorize and request any present (if indicated) or former employer, education institution, law enforcement agency, financial institution or other person(s) having personal knowledge regarding me, in connection with an application for or retention of employment. Further, I hereby release from all liability and hold harmless all persons and corporations supplying this information to Alton Steel, Inc. and/or its agents. A photocopy of this authorization is as effective as the original. Please Initial
→ _____
- IV. As a condition of being employed by and remaining in the employment of Alton Steel, Inc., I agree to abide by all company policies, rules and regulations. Failure on my part to comply with any of the foregoing or with any other company policies, rules and regulations may result in disciplinary action, up to and including discharge. Please Initial
→ _____
- V. I understand that the signing of this application does not construe an employment contract. I further understand that employment with the company shall be employment at will and can be terminated at any time by the company or on my own accord. Please Initial
→ _____
- VI. I understand that evidence of United States citizenship or United States resident status and birth certificate or other evidence of date of birth will be required if I am employed. Please Initial
→ _____
- VII. I have read the above statements or have had them read to me and I understand them fully. Please Initial
→ _____

Signature of Applicant

Date

NOTE: Applications must be completed and signed to be considered.