

Youngstown Pipe and Steel, LLC

Employment Application

Applicant Information								
Full Name:				Date:				
	Last		First			M.I.		
Address:	0							
	Street Address						Apartment/Unit ‡	Į.
	City					State	ZIP Code	
Discourse	•							
Phone:				Emaii				
Date Availab	ole:	Social Se	curity No.:			Desired	Salary: <u>\$</u>	
Position App	olied for:							
	tizen of the United Sta	,	YES NO				YES ork in the U.S.?	NO
Have you e	ver worked for this com		YES NO	If yes,	when?_			
YES NO Have you ever been convicted of a felony? Birth Date:								
If yes, expla	in:							
				ucation				
High School	:		Addres	ss:				
From:	To:	Did y	ou graduat	YES	NO	Diploma::		
College:			Addres	ss:				
From:	To:	Did y	ou graduat	YES	NO	Degree:		
Other:			Addres	ss:				
From:	To:	Did y	ou graduat	YES e? 🗌	NO	Degree:		
References								
Please list t	hree professional refe	erences.						
Full Name:						Relations	ship:	
Company:						Ph	one:	
Address:								

Full Name:				Relationship:
Company:				Phone:
Address:				
Full Name:				Relationship:
Company:				Phone:
Address:				
	Previous E	imployme	ent	
Company:				Phone:
Address:				Supervisor:
Job Title:	Starting S	Salary: <u>\$</u>		Ending Salary:
Responsibilities:				
From:	To:	Reason fo	or Leaving:_	
May we contact your	previous supervisor for a reference?	YES	NO	
Company:				Phone:
۸ ما ماسم م م .				Supervisor:
Job Title:	Starting Salary:			Ending Salary:\$
Responsibilities:				
From:	To:	Reason fo	or Leaving:_	
May we contact your	previous supervisor for a reference?	YES	NO	
Company:				Phone:
^ -l -l				Supervisor:
	Starting Salary: \$			Ending Salary:\$
		-		-
	To:			
May we contact your	previous supervisor for a reference?	YES	NO	

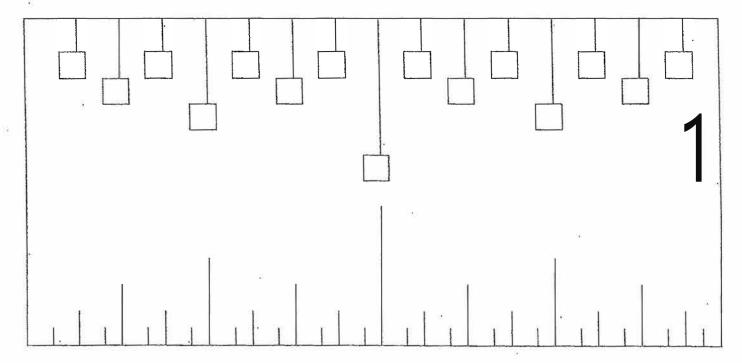
Military Service					
Branch:	From:	To:			
Rank at Discharge:	Type of Discharge:				
If other than honorable, explain:					
Disclaime	er and Signature				
I certify that my answers are true and complete to the	e best of my knowledge.				
If this application leads to employment, I understand interview may result in my release.	that false or misleading informatio	n in my application or			
Signature	Da	ato:			

Name _	
Date_	

TAPE MEASURE TEST

Instructions:

Fill in the boxes on the diagram below with the proper fraction.



Name:

Date:

MATH TEST

Calculate the correct answer for each problem.

$$2. 5.143 + 2.67 =$$

8.
$$45 + 9 =$$



DRUG TESTING AND BACKGROUND CHECK CONSENT FORM

As an applicant for employment, I hereby consent to submit to any tests considered appropriate by Youngstown Pipe and Steel, LLC. for the purpose of detecting illegal drugs or drug use. This includes, but is not limited to, pre-employment testing, reasonable suspicion testing, or testing immediately following any on the job accident. This consent covers any tests of urine, blood, hair, or breath, but is not limited to these tests.

I understand that my failure to fully cooperate in such test or the detection of drugs or drug use in my body may lead to my disqualtification for employment by Youngstown Pipe and Steel, LLC. Futhermore, I understand that any addicition of drugs or drug use in my body after employment commences will result in immediate termination.

I agree that a qualified laboratory approved by Youngstown Pipe and Steel, LLC may collect test specimens from me, may perform the test or have test performed by a separate laboratory, and may report the results of the test to Youngstown Pipe and Steel, LLC.

In addition, I authorize Youngstown Pipe and Steel, LLC to conduct a background investigation in connection with my application for employment. This investigation may include information as to my credit, schools attended, policy conviction, and Division of Motor Vechile record, military record, and other approriate sources. I authorize the release of any information that Youngstown Pipe and Steel, LLC may request from the above sources.

All information received by Youngstown Pipe and Steel, LLC will only be used in accordance with applicable

law.			
I have	have not	been convicted of a felony.	
If so, the offense(s) an	d date(s) are:		
I agree that a faithfully	reproduced copy of this co	nsent form shall be as valid as the orginially signed for	n.
Signature:			
Printed Name:			
Date:		Social Security #:	