

Fisher CAST STEEL PRODUCTS, INC.

6 W. Town Street, West Jefferson, OH 43162

APPLICATION FOR EMPLOYMENT

All applicants considered without discrimination based on race, color, sex, religion, creed, national origin, age, disability, marital or veteran status, or any other consideration protected by applicable federal, state, or local laws.

PLEASE PRINT

How did you learn about us?	<input type="checkbox"/>	Advertisement	<input type="checkbox"/>	Friend	<input type="checkbox"/>	Walk-in
<input type="checkbox"/>	Employment Agency	<input type="checkbox"/>	Relative	<input type="checkbox"/>	Other (specify Other) _____	

Position(s) applied for: _____ Date: _____

Last name: _____ First name: _____ M.I. _____

Address: _____
Number & Street City State Zip Code

Telephone number(s): _____ Social Security Number: _____

Email Address: _____

Are you 18 years or older? _____ YES _____ NO

Have you ever filed an application with us before? _____ YES _____ NO
If yes, give date _____

Have you ever been employed with us before? _____ YES _____ NO
If yes, give date _____

May we contact your present employer? _____ YES _____ NO

Are you legally eligible for employment in the United States? _____ YES _____ NO

In compliance with the Immigration Reform and Control Act of 1986, we require all new employees to complete the employment eligibility verification form (I-9) and to provide legally sufficient documentation of identity and employment eligibility.

On what date would you be available for work? _____

What shift(s) are you available to work? 1st 2nd 3rd All

What type of work are you available for? _____ Full-time _____ Part-time _____ Temporary

Are you currently on "lay-off" status and subject to recall? _____ YES _____ NO

Have you been convicted of a crime within the past 7 years? _____ YES _____ NO
Conviction will not necessarily disqualify an applicant from employment.

If yes, please explain: _____

EDUCATION

High School Education

High School Graduate? _____ Yes _____ No

Name & Location of High School: _____

GED Certificate Number: _____ GED Issued by: _____

Post-High School Education

(Including Technical School, Business School, Professional School, College and University)

<u>School Name & Location</u>	<u>Major Area(s) of Study</u>	<u>Type of Degree or Certification</u>	<u>No. of Years Completed</u>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Summarize special job-related skills and qualifications acquired from employment or other experience. Also indicate any certifications and/or formal training that you possess that may be applicable to the position for which you are applying.

EMPLOYMENT EXPERIENCE

Please list your past work experience beginning with your most recent employment. Job-related military experience and volunteer work may also be included as employment. **NOTE: In order to be considered for employment, you must fill in the information below, accurately and completely.** You may submit a résumé *in addition* to completing this section. Exclude organizations, which indicate race, color, religion, gender, national origin, disabilities or other protected status. **If you need additional space, you may attach a sheet of paper.**

1. Employer: _____ Telephone: () _____

Address: _____
 Number & Street City State Zip

Job Title: _____ Name of Last Supervisor: _____

Work Performed: _____

Dates Employed: From: _____ / _____ / _____ To: _____ / _____ / _____
 Month Day Year Month Day Year

Final Rate of Pay/Salary: _____

Reason for leaving: _____

EMPLOYMENT EXPERIENCE CONTINUED

2. Employer: _____ Telephone: () _____

Address: _____
Number & Street City State Zip

Job Title: _____ Name of Last Supervisor: _____

Work Performed: _____

Dates Employed: From: _____ / _____ / _____ To: _____ / _____ / _____
Month Day Year Month Day Year

Final Rate of Pay/Salary: _____

Reason for leaving: _____

3. Employer: _____ Telephone: () _____

Address: _____
Number & Street City State Zip

Job Title: _____ Name of Last Supervisor: _____

Work Performed: _____

Dates Employed: From: _____ / _____ / _____ To: _____ / _____ / _____
Month Day Year Month Day Year

Final Rate of Pay/Salary: _____

Reason for leaving: _____

4. Employer: _____ Telephone: () _____

Address: _____
Number & Street City State Zip

Job Title: _____ Name of Last Supervisor: _____

Work Performed: _____

Dates Employed: From: _____ / _____ / _____ To: _____ / _____ / _____
Month Day Year Month Day Year

Final Rate of Pay/Salary: _____

Reason for leaving: _____

CERTIFICATION AND RELEASE

PLEASE READ AND SIGN BELOW

I certify that the information I provided in this employment application are complete and true to the best of my knowledge. I certify that I have personally completed this application. I understand that I am responsible for the correctness of this application. I understand that any false information, omissions, or misrepresentations of facts on this application or on any document used to secure employment will be sufficient cause for my application to be rejected or, if discovered after I am employed, cause for immediate termination of my employment, regardless of the time elapsed before discovery.

I authorize Fisher Cast Steel Products, Inc. (herein referred to as "Fisher") to contact and investigate information about me from past and present employers, educational institutions and "references" I provided, and any other party necessary to verify the accuracy of information I disclosed in this application, a related employment resume or a personal interview for employment purposes. I further, authorize my past and present employers to disclose to Fisher information related to my work record. In addition, I release Fisher, my past and present employers, and all other persons, companies, schools, etc., from any and all claims, demands, or liabilities arising out of or in anyway related to such investigation or disclosure.

I hereby understand and acknowledge that any employment relationship with Fisher is at-will, which means that employment may be terminated for any reason, with or without cause or notice, at any time by me or Fisher. Neither I nor Fisher has entered into a contract regarding the duration of my employment. I understand that no one, other than the President of Fisher, has authority to enter into any employment agreement with terms contrary to the foregoing and then only in writing signed by the President.

I understand that if an offer of employment has been made it is contingent on successful completion of a post-offer medical examination. I understand that such medical examination will be performed by a license physical or medical practitioner of Fishers choosing and must be submitted before my first day of employment. Further, I understand and agree that I may be required to take and pass a drug and/or alcohol test as a condition of hiring and/or continued employment.

This application will expire in six months. After that date, unless otherwise notified, I understand that my status as an applicant will end. I may re-apply for employment in the future by completing a new application.

I fully understand and accept all terms and conditions in the above statement.

Signature of Applicant

Date

Printed Name

DRUG-FREE WORKPLACE

EQUAL OPPORTUNITY EMPLOYER

Original: 11/13/06