

# MCDANIEL METALS, INC.

## Employment Application

The information given on this form is solely for the use of McDaniel Metals, Inc and will be held in the strictest confidence. It will be to the applicant's advantage to answer each question fully and accurately. The use of this form does not indicate that there are any positions open and does not obligate the company in any way.

<b>Referral Source</b>			
<input type="checkbox"/> Friend	<input type="checkbox"/> Advertisement		
<input type="checkbox"/> Walk-in	<input type="checkbox"/> Other		
<input type="checkbox"/> Agency	<input type="checkbox"/> Relative		
Referred by:			
Date / /			

**Please Print Below**

<b>Personal</b>	First Name	Middle Initial	Last Name	Social Security Number	Date of Birth	
	Contact Telephone Number	Current Address – Street		City, State	Zip Code	
	Alternate Contact Number	Mailing Address (if different from current)		City, State	Zip Code	
	Are you eligible to work in the U.S.A? Yes <input type="checkbox"/> No <input type="checkbox"/>	Have you ever been employed with McDaniel Metals? Yes <input type="checkbox"/> No <input type="checkbox"/>	If yes, dates of employment and reason for leaving			
	Position (s) Applied for Preferred	Date Available for Employment	Starting Salary Desired			
	Are you willing to travel? Yes <input type="checkbox"/> No <input type="checkbox"/>	Work Overtime? Yes <input type="checkbox"/> No <input type="checkbox"/>	Please indicate below what shift you are available for (ex. 1 <sup>st</sup> shift, 2 <sup>nd</sup> shift, any, etc.)			

**Applicant must complete application in its entirety, including availability and salary desired.**

<b>Employment Background</b>	<b>1. Present (or most recent) Company Name</b>			Address	City, State	May we contact? Yes <input type="checkbox"/> No <input type="checkbox"/>
	Dates Employed: From	To	Starting Base Salary \$	Current Base Salary \$		
	Job Title	Supervisor's Name		Reason for Leaving		
	Brief description of duties (include number of persons supervised, if applicable)					
	<b>2. Company Name</b>			Address	City, State	May we contact? Yes <input type="checkbox"/> No <input type="checkbox"/>
	Dates Employed: From	To	Starting Base Salary \$	Current Base Salary \$		
	Job Title	Supervisor's Name		Reason for Leaving		
	Brief description of duties (include number of persons supervised, if applicable)					
	<b>3. Company Name</b>			Address	City, State	May we contact? Yes <input type="checkbox"/> No <input type="checkbox"/>
	Dates Employed: From	To	Starting Base Salary \$	Current Base Salary \$		
	Job Title	Supervisor's Name		Reason for Leaving		
	Brief description of duties (include number of persons supervised, if applicable)					

**MCDANIEL METALS, INC. IS AN EQUAL OPPORTUNITY EMPLOYER AND DOES NOT DISCRIMINATE AGAINST APPLICANTS OR EMPLOYEES ON THE BASIS OF RACE, COLOR, SEX, AGE, RELIGION, NATIONAL, ORIGIN OR DISABILITY**

Education	School Attended and Location	Dates Attended From To		Major	Type of Degree	Grade Average Overall Major		Date of Graduation (Mo/Yr)
	If you did not attend High School please state highest level of Education			X				
	High School				Diploma or GED Yes <input type="checkbox"/> NO <input type="checkbox"/>			
	College							
	Other							
Special Awards or Recognitions						* If no degree obtained, indicate number of college credit hours completed.		

Military	Active Duty Branch	Dates of Active Duty	Highest Rank Attained
	Reserve Status	Reserve Branch	

Criminal	Have you Ever been convicted of a felony/misdemeanor offense? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, list date, charge and city where convicted. Include all convictions, civilian or military. This information will not be used as automatic disqualifications from employment consideration.

Skills	List office skills, trades, abilities or license certifications that may be beneficial in the job for which you are applying.
	Foreign Languages: Degree of Proficiency: <input type="checkbox"/> Speak <input type="checkbox"/> Read <input type="checkbox"/> Write

**You MUST list three persons (not relatives) most familiar with your abilities to work who have known you for 3 years or more (Supervisors/Mangers preferred).**

References	Name And Association	Occupation	Telephone Phone Number	Years Known
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**APPLICANT'S STATEMENT (Applicant must review and sign below)**

I certify that the facts contained in this application are true and complete to the best of my knowledge and understand that, if employed; false statements on this application shall be grounds for immediate dismissal.

I understand and agree that, if hired, my employment is at will and may be terminated by me or McDaniel Metals, Inc. at any time without any prior notice. I acknowledge the Company's notification to me as required by the Fair Credit Reporting Act of 1970 that an investigative consumer report may be made regarding me, including information on my character, general reputation, personal characteristics and mode of living.

*McDaniel Metals, Inc. is hereby authorized to fully investigate my criminal history, references, credentials, work records and qualifications either before or after my employment and release all parties from all liability for any damage that may result from furnishing same to the Company. Should I have a criminal conviction or a pending charge involving a breach of trust or dishonest act, I understand that the Company may, in its discretion, suspend or terminate my employment. I understand my employment with the Company is conditioned upon verification that I am a US citizen or alien authorized to work in compliance with the Immigration Reform and Control Act of 1986, as it may be amended from time to time, and regulations promulgated there under.*

I hereby grant McDaniel Metals, Inc. the right and privilege to withhold, retain or deduct an amount up to and including the total amount of indebtedness, advances, changes for personal purchase on Company accounts, or any other amounts owed to McDaniel Metals, Inc., or any of its affiliates, subsidiaries, or divisions, from any salary, wages, commissions, or any other debt owed to me by the company.

SIGNATURE OF APPLICANT \_\_\_\_\_ DATE \_\_\_\_\_