

APPLICATION FOR EMPLOYMENT

ALABAMA PLATE CUTTING CO., INC.

P.O. BOX 128 SAGINAW, AL 35137 TELEPHONE: 205-664-3178 FAX: 205-664-3191

An Equal Opportunity Employer

PERSONAL INFORMATION		DATE:		
NAME:		SOCIAL SECURITY NO: / /		
ADDRESS:		P.O. BOX OR APPT NO:		
CITY:	STATE:	ZIP:		
TELEPHONE NO:	ARE YOU 18 YEARS OLD OR OLDER?		YES <input type="checkbox"/> NO <input type="checkbox"/>	
ARE YOU EITHER A UNITED STATES CITIZEN OR AN ALIEN AUTHORIZED TO WORK IN THE UNITED STATES? YES <input type="checkbox"/> NO <input type="checkbox"/>				
EMPLOYMENT DESIRES		POSITION:		
DATE YOU CAN START:		SALARY DESIRED: \$		HOUR <input type="checkbox"/> WEEK <input type="checkbox"/> MONTH <input type="checkbox"/> YEAR <input type="checkbox"/>
ARE YOU EMPLOYED NOW? YES <input type="checkbox"/> NO <input type="checkbox"/>		IF SO, MAY WE CONTACT YOUR PRESENT EMPLOYER? YES <input type="checkbox"/> NO <input type="checkbox"/>		
EVER APPLIED WITH THIS COMPANY BEFORE? YES <input type="checkbox"/> NO <input type="checkbox"/>		WHEN?		
REFERRED BY:				
EDUCATION	NAME AND LOCATION OF SCHOOL	* NO. OF YEARS ATTENDED	* DID YOU GRADUATE?	SUBJECTS / STUDIES
GRAMMAR SCHOOL				
HIGH SCHOOL				
COLLEGE				
TRADE, BUSINESS OR CORRESPONDENCE SCHOOL				
GENERAL				
SUBJECTS OF SPECIAL STUDY OR RESEARCH WORK:				
SPECIAL SKILLS:				
SUPERVISION <input type="checkbox"/> CNC BURNING <input type="checkbox"/> GRINDING <input type="checkbox"/> DRILL PRESS <input type="checkbox"/> TRUCK DRIVER <input type="checkbox"/> OTHER: _____ (CDL LICENSE)				
FORKLIFT <input type="checkbox"/> OVERHEAD CRANE <input type="checkbox"/> WELDING <input type="checkbox"/> MILLING MACHINE <input type="checkbox"/>				
ACTIVITIES: (CIVIC, ATHLETIC, ETC.)				
U.S. MILITARY OR NAVAL SERVICE:		RANK:		
PRESENT MEMBERSHIP IN NATIONAL GUARD OR RESERVES:				

EMPLOYMENT HISTORY - LIST BELOW PREVIOUS EMPLOYERS, STARTING WITH LAST ONE FIRST.

	NAME, ADDRESS & PHONE NO. OF EMPLOYER	SALARY	POSITION	REASON FOR LEAVING
FROM:				
TO:				
FROM:				
TO:				
FROM:				
TO:				
FROM:				
TO:				

WHICH OF THESE JOBS DID YOU LIKE BEST?

WHAT DID YOU LIKE MOST ABOUT THIS JOB?

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

	NAME	ADDRESS & PHONE NUMBER	BUSINESS	YEARS ACQUAINTED
1.				
2.				
3.				

IN CASE OF EMERGENCY NOTIFY:

NAME:

PHONE NO:

NAME:

PHONE NO:

"I CERTIFY THAT THE FACTS CONTAINED IN THIS APPLICATION ARE TRUE AND COMPLETE TO THE BEST OF MY KNOWLEDGE AND UNDERSTAND THAT, IF EMPLOYED, FALSIFIED STATEMENTS ON THIS APPLICATION SHALL BE GROUNDS FOR DISMISSAL.

I AUTHORIZE INVESTIGATION OF ALL STATEMENTS CONTAINED HEREIN AND THE REFERENCES LISTED ABOVE TO GIVE YOU ANY AND ALL INFORMATION CONCERNING MY PREVIOUS EMPLOYMENT AND ANY PERTINENT INFORMATION THEY MAY HAVE, AND RELEASE ALL PARTIES FROM ALL LIABILITY FOR ANY DAMAGE THAT MAY RESULT FROM FURNISHING SAME TO YOU.

I UNDERSTAND AND AGREE THAT, IF HIRED, MY EMPLOYMENT IS FOR NO DEFINITE PERIOD AND MAY, REGARDLESS OF THE DATE OF PAYMENT OF MY WAGES AND SALARY, BE TERMINATED AT ANY TIME WITHOUT PRIOR NOTICE AND WITHOUT CAUSE.

ALABAMA PLATE CUTTING CO., INC. IS AN AT WILL EMPLOYER.

I UNDERSTAND AND AGREE TO SUBMIT TO A DRUG TEST, WHEN REQUIRED IN CASE OF INJURY ON THE JOB, RANDOM DRUG TESTING AND/OR IN CASE OF SUSPICION OF DRUG USE.

SIGNATURE: _____

DATE: _____



ALABAMA PLATE CUTTING CO., Inc.

P. O. BOX 128 • SAGINAW, ALABAMA 35137

PHONE 205/664-3178

FAX 205/664-3191

I, _____, authorize the release of any information that pertains to my employment history to Alabama Plate Cutting Co., Inc.

Signed _____

Printed _____

Previous employer, please answer the following questions and fax back to Dawn Alexander at 205-664-3191.

Thank you.

- 1) Did employee ever fail a drug or alcohol test? _____
- 2) Did employee ever refuse to take a drug or alcohol test? _____
- 3) Was employee punctual? _____
- 4) Was employee dependable? _____
- 5) How was employee's attendance? _____
- 6) How was employee's attitude? _____
- 7) Is employee eligible for re-hire? _____



BACKGROUND CHECK DISCLOSURE AND RELEASE AUTHORIZATION FORM FOR EMPLOYMENT PURPOSES

Background Screening Disclosure

_____ (the "Company") may request a comprehensive review of your background information from a consumer reporting agency in connection with your employment application and for employment purposes, including promotion, reassignment, or retention as an employee. Your background information may be obtained in the form of consumer reports and/or investigative consumer reports. These reports may be obtained at any time after receipt of your authorization and, if you are hired by the Company, throughout your employment. Corra, 201 Continental Boulevard, Suite 107, El Segundo, CA 90245, 1-310-524-9800, and its designated agents and representatives or another consumer reporting agency will prepare or assemble the reports. The scope of the consumer report/investigative consumer report may include, but is not limited to, the following areas: consumer credit, names and dates of previous/current employment, worker's compensation claims, criminal history records (from local, state, federal, international and other law enforcement agencies' records), sexual offender's lists, wants and warrants records, motor vehicle records, military records, educational verification, license verification, civil cases, OIG/GSA, OFAC/patriot act, any sanction lists, finger printing and drug testing. These reports may include information as to your general reputation, character, personal characteristics, mode of living, work habits, job performance and experience along with reasons for termination of past employment from previous employers. You may request more information about the nature and scope of any investigative consumer reports by contacting the Company. A summary of your rights under the Fair Credit Reporting Act is also being provided to you.

Authorization and Release

I, _____ authorize the complete release of these records or data pertaining to me which an individual, company, firm, corporation, institution, school or university, law enforcement or public agency may have. I authorize the full release of the information described above, without any reservation, throughout any duration of my employment at the Company. I certify that all information provided below is true and accurate to the best of my knowledge. This authorization and consent shall be valid in original, facsimile ("fax"), or copy form. I understand that Corra's privacy practices can be found at <http://www.corragroup.com/privacy-policy.html>.

Signature: _____ Date: _____

The following information is required by law enforcement agencies and other entities for identification purposes when checking records. It is confidential and will not be used for any other purpose. PLEASE PRINT LEGIBLY:

Print Full Name (First Middle Last)

Maiden/AKA/Previous Name(s)

Social Security Number (SSN)

_____/_____/_____

Date of Birth (MM/DD/YYYY) (This will not affect hiring decision)

Driver's License Number

State of Issue

Current Address

City

State

ZIP/Postal Code

Phone Number