

Iron Specialties, Inc.

410 East 3rd Street
PO Box 32
Atlantic, Iowa 50022
712-243-4881
bookkeeping@mchsi.com

Date: _____

GENERAL INFORMATION:

Full Name: _____

Full Current Address: _____

Phone Number: _____ Or leave message at (name & #): _____

Social Security Number: _____ Date of Birth: _____

What Position are you applying for? _____ Full Time: _____ Part Time: _____

What date will you be available to start? _____



JOB-RELATED SKILLS:

Prior steel experience: _____

Other related experience: _____

Do you have any injuries or illnesses that may impact or interfere with your job performance: _____

If yes, explain: _____

Do you have a valid driver's license? _____ If yes, DL# _____ State: _____

Other information you would like to add: _____



EDUCATION:

Highest Grade Completed: _____ Location: _____

College: _____ Studies: _____



SECURITY:

Have you ever gone by another name? _____ If yes, please list: _____

Have you ever used a different SS#? _____ If yes, please explain: _____

Have you been convicted of a crime in the last 7 years? _____ If yes, explain: _____

EMPLOYMENT HISTORY:

Most recent employer:

Company: _____ Supervisor: _____
Address: _____ Phone #: _____
Dates employed: _____ Reason for leaving: _____
Rate of Pay: _____ Duties: _____

Second most recent employer:

Company: _____ Supervisor: _____
Address: _____ Phone #: _____
Dates employed: _____ Reason for leaving: _____
Rate of Pay: _____ Duties: _____

Third most recent employer:

Company: _____ Supervisor: _____
Address: _____ Phone #: _____
Dates employed: _____ Reason for leaving: _____
Rate of Pay: _____ Duties: _____



REFERENCES:

Name: _____ Address: _____
Phone: _____ Relationship: _____

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Phone: _____ Relationship: _____

Name: _____ Address: _____
Phone: _____ Relationship: _____



I certify that the answers given by me to the foregoing questions and the statements made by me are complete and true to the best of my knowledge and belief. I understand that any false information, omissions or misrepresentations of facts called for in this application, whether on this document or not, may result in rejection of my application or discharged at any time during my employment. I authorize the company and/or its agents, including consumer reporting bureaus, to verify any of this information. I authorize all former employers, persons, schools, companies and law enforcement authorities to release any information concerning my background and hereby release any said persons, schools, companies and law enforcement authorities any liability for any damage whatsoever for issuing this information. I also understand that the use of illegal drugs is prohibited during employment. If company policy requires, I am willing to submit to drug testing to detect the use of illegal drugs prior to and during employment.

Signature: _____ Date: _____