



Gautier Steel, Ltd.
 80 Clinton Street
 Johnstown, PA 15901

Application for Employment

Position(s) Desired: _____
 Full Time
 Part Time

Application Number: _____

Date of Application: _____

PERSONAL DATA

Name: _____
 Last First Middle

Social Security No. _____

Present Address: _____

How long have you lived there?

 Years Months

Prior Address: _____

How long did you live there?

 Years Months

Telephone Number: _____

Are you 18 years of age or older? Yes No

Have you worked for this company before? Yes No
 If Yes, please give dates and position: _____

Do you have friends or relatives working here? Yes No
 If Yes, Name: _____
 Relationship: _____

How would you get to and from work? _____

Have you ever pled guilty or "no contest" to a crime or been convicted of a crime? Yes No
 If Yes, please give date and details for each: _____

*NOTE: Answering "YES" to this question does not constitute an automatic bar to employment. Only those crimes which are substantially related to the position you are seeking will be considered.

WE ARE AN EQUAL OPPORTUNITY EMPLOYER APPLICANT'S STATEMENT

I understand that if I am hired, my employment will be for no definite period, regardless of the period of payment of my wages. I further understand that I have the right to terminate my employment at any time with or without notice and the Company has the same right. No one other than the President of the Company has authority to modify the relationship or make any agreement to the contrary. Any such modifications must be in writing.

I understand that the Company reserves the right to require me to submit to a drug test, at any time and also reserves the right to require me to submit to an alcohol test and/or medical examination to the extent of the law. I authorize the Company to investigate my driving record, my criminal record and my credit history, and I understand that an investigative consumer report may be prepared whereby information is obtained through personal interviews with neighbors, friends and other with whom I am acquainted. This inquiry would include information as to my character, general reputation, personal characteristics and mode of living. I understand that I have to make a written request within a reasonable period of time to receive additional detailed information about the nature and scope of this investigation.

I further understand the Company may contact my previous employers and I authorize those employers to disclose to the Company all records and other information pertinent to my employment with them. I also authorize the Company to provide truthful information concerning my employment with it to my future prospective employers and I agree to hold it harmless for providing such information.

I certify that all of the information I provide on this application and in any interview will be true and accurate. I understand that if I am employed and any such information is later found to be false or misleading in any respect, I may be dismissed.

DO NOT SIGN UNTIL YOU READ AND UNDERSTAND THIS STATEMENT

 Signature of Applicant

 Date

RECORD OF PREVIOUS EMPLOYMENT

Please list the names of your present or previous employers in chronological order with the last employer listed first. Be sure to account for all periods of time including military service and any period of unemployment. If self-employed, give first name and supply business references.

Present or Last Employer	Employed From (mo/yr)	Start Pay \$	Your Title and Position	Reason for Leaving
Address				
City, State, Zip Code	Employed To (mo/yr)	Final Pay \$	Name and Title of Last Supervisor	
Telephone Number				

Previous Employer	Employed From (mo/yr)	Start Pay \$	Your Title and Position	Reason for Leaving
Address				
City, State, Zip Code	Employed To (mo/yr)	Final Pay \$	Name and Title of Last Supervisor	
Telephone Number				

Previous Employer	Employed From (mo/yr)	Start Pay \$	Your Title and Position	Reason for Leaving
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Address				
City, State, Zip Code	Employed To (mo/yr)	Final Pay \$	Name and Title of Last Supervisor	
Telephone Number				

Have you ever been terminated or asked to resign from any job Yes No If Yes, please explain circumstances: _____

Please explain fully any gaps in your employment history: _____

May we contact your current employer Yes No If No, please explain: _____

PREVIOUS EXPERIENCE

Please describe any previous experience that you have in the position for which you are applying or in any similar or related position.

EDUCATION

School Name	Years Completed: (Circle)	Diploma/Degree	Describe Course of Study or Major	Describe Specialized Training, Experience, Skills and Extra- Curricular Activities
Elementary	4 5 6 7 8			
High School	9 10 11 12			
College/University	1 2 3 4			
Graduate/Professional	1 2 3 4			
Trade/Correspondence				
Other				

EMERGENCY INFORMATION

Contact Name _____	Relationship _____
Home Address _____	Home Telephone _____
Work Address _____	Work Telephone _____

Personal References

Please list persons who know you well-Not previous employers or relatives

Name	Occupation	Address (Street, City and State)	Telephone Number	Number of Years

Driving Information

Do you have a current driver's license? Yes No

State: _____ License No.: _____ Expiration Date: _____

Have your driver's license ever been revoked? Yes No

If Yes, please explain circumstances: _____

Do you have personal automobile insurance? Yes No

Name of Insurance Company: _____

Has your personal automobile insurance ever been cancelled? Yes No

If Yes, please explain circumstances: _____

Have you ever been cited for driving under the influence (DUI) or driving while intoxicated (DWI)? Yes No

If Yes, please explain circumstance and outcome: _____

Please list all moving traffic violations in the last five (5) years:

Offense	Date	Location

Offense	Date	Location

THIS APPLICATION WILL BE CONSIDERED ACTIVE FOR A MAXIMUM OF SIX MONTHS. IF YOU WISH TO BE CONSIDERED FOR EMPLOYMENT AFTER THAT TIME, YOU MUST REAPPLY.

I CERTIFY THAT ALL OF THE INFORMATION THAT I HAVE PROVIDED ON THIS APPLICATION IS TRUE AND ACCURATE.

Signature

Date