



# TampaBaySteel

Metals Ready for Business™

6901 East 6th Ave. Tampa, FL 33619  
Phone: 813-621-4738 Fax: 813-621-6775

## APPLICATION FOR EMPLOYMENT

Position(s) Applied For \_\_\_\_\_ Salary Desired \_\_\_\_\_

Please answer ALL questions. **RESUMES ARE NOT ACCEPTED IN LIEU OF THIS APPLICATION.**  
Note: This application was designed for use with several types of positions. Some questions may not be completely applicable to the position you are seeking; however we ask that you answer **ALL** questions.

\_\_\_\_\_  
(Please Print) Last Name First Middle Social Security # Today's Date

\_\_\_\_\_  
Street City, State Zip Code Telephone Number

Only U.S. Citizens or aliens who have a legal right to work in the U.S. are eligible for employment. Upon employment can you submit documentation verifying your identity and your legal right to work in the U.S.?  
 YES  NO

HAVE YOU BEEN CONVICTED OF A CRIME IN THE PAST 7 YEARS?  
 YES  NO **IF YES, PLEASE EXPLAIN ON THE BACK OF THIS FORM.**  
\*\*\*A CONVICTION WILL NOT NECESSARILY DISQUALIFY YOU FROM EMPLOYMENT.\*\*\*

ARE YOU AT LEAST 18 YEARS OF AGE?  YES  NO

### EDUCATIONAL DATA

Print Name, Number, Street Address #Years Major Course  
City, State, Zip Code of each school Completed Degree of Study

SCHOOL \_\_\_\_\_  
\_\_\_\_\_

COLLEGE \_\_\_\_\_  
\_\_\_\_\_

GRAD SCHOOL \_\_\_\_\_  
\_\_\_\_\_

TRADE. \_\_\_\_\_  
BUS./OTHER \_\_\_\_\_

OTHER SKILLS: List any other job-related skills, qualifications, or licenses that support your application:  
\_\_\_\_\_  
\_\_\_\_\_ Honors Received: \_\_\_\_\_

## EMPLOYMENT EXPERIENCE

In order to permit a check of your work and educational records, should we be made aware of any changes of name or assumed name that you previously used?  YES  NO IF YES, identify name and dates:

\_\_\_\_\_

**List each job held. Start with your most recent employer, and include the past 10 years. Include military experience.**

1) EMPLOYER NAME: _____
ADDRESS: _____
DATES OF EMPLOYMENT: _____ TO _____ (include month/day/year)
STARTING SALARY _____ FINAL SALARY _____
JOB TITLE: _____
WORK PERFORMED: _____
SUPERVISOR: _____ TELEPHONE _____
REASON FOR LEAVING: _____
MAY WE MAKE INQUIRIES OF THIS EMPLOYER? <input type="checkbox"/> YES <input type="checkbox"/> NO

2) EMPLOYER NAME: _____
ADDRESS: _____
DATES OF EMPLOYMENT: _____ TO _____ (include month/day/year)
STARTING SALARY _____ FINAL SALARY _____
JOB TITLE: _____
WORK PERFORMED: _____
SUPERVISOR: _____ TELEPHONE _____
REASON FOR LEAVING: _____
MAY WE MAKE INQUIRIES OF THIS EMPLOYER? <input type="checkbox"/> YES <input type="checkbox"/> NO

3) EMPLOYER NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

DATES OF EMPLOYMENT: \_\_\_\_\_ TO \_\_\_\_\_ (include month/day/year)

STARTING SALARY \_\_\_\_\_ FINAL SALARY \_\_\_\_\_

JOB TITLE: \_\_\_\_\_

WORK PERFORMED: \_\_\_\_\_

SUPERVISOR: \_\_\_\_\_ TELEPHONE \_\_\_\_\_

REASON FOR LEAVING: \_\_\_\_\_

MAY WE MAKE INQUIRIES OF THIS EMPLOYER? \_\_\_\_\_ YES \_\_\_\_\_ NO

4) EMPLOYER NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

DATES OF EMPLOYMENT: \_\_\_\_\_ TO \_\_\_\_\_ (include month/day/year)

STARTING SALARY \_\_\_\_\_ FINAL SALARY \_\_\_\_\_

JOB TITLE: \_\_\_\_\_

WORK PERFORMED: \_\_\_\_\_

SUPERVISOR: \_\_\_\_\_ TELEPHONE \_\_\_\_\_

REASON FOR LEAVING: \_\_\_\_\_

MAY WE MAKE INQUIRIES OF THIS EMPLOYER? \_\_\_\_\_ YES \_\_\_\_\_ NO

5) EMPLOYER NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

DATES OF EMPLOYMENT: \_\_\_\_\_ TO \_\_\_\_\_ (include month/day/year)

STARTING SALARY \_\_\_\_\_ FINAL SALARY \_\_\_\_\_

JOB TITLE: \_\_\_\_\_

WORK PERFORMED: \_\_\_\_\_

SUPERVISOR: \_\_\_\_\_ TELEPHONE \_\_\_\_\_

REASON FOR LEAVING: \_\_\_\_\_

MAY WE MAKE INQUIRIES OF THIS EMPLOYER? \_\_\_\_\_ YES \_\_\_\_\_ NO

MEMBERSHIP IN ORGANIZATIONS OR PROFESSIONAL GROUPS THAT YOU FEEL HAVE A DIRECT BEARING ON THE POSITION IN WHICH YOU ARE APPLYING.

---

Are you a veteran of the U.S. Military Service  YES  NO  
If yes, what branch of service? \_\_\_\_\_ If yes beginning and ending date:  
FROM \_\_\_\_\_ TO \_\_\_\_\_ Date of Discharge \_\_\_\_\_

---

Have you ever been dismissed or forced to resign from any employment?  YES  NO  
If yes, please explain: \_\_\_\_\_  
Are you now employed  YES  NO  
Please identify any exceptions and reasons for not contacting your prior employers.  
\_\_\_\_\_

---

Can you travel if the job requires it?  YES  NO  
Will you work overtime if asked?  YES  NO  
Are there any hours, shifts or days you will NOT work?  YES  NO  
If yes, please explain: \_\_\_\_\_

---

What foreign languages do you read, speak or write? \_\_\_\_\_

Do you have any friends or relatives who work here?  YES  NO  
Name \_\_\_\_\_ Relationship \_\_\_\_\_  
Name \_\_\_\_\_ Relationship \_\_\_\_\_

---

**CHARACTER REFERENCES**

LIST THREE PEOPLE **NOT RELATED TO YOU**, THAT YOU HAVE KNOWN AT LEAST ONE YEAR:

NAME	ADDRESS/TELEPHONE	OCCUPATION
1) _____	_____	_____
2) _____	_____	_____
3) _____	_____	_____

List below any other information or remarks that you wish to have considered as part of your application for employment:  
\_\_\_\_\_  
\_\_\_\_\_

How did you hear of Tampa Bay Steel Corporation? \_\_\_\_\_  
Have you previously filed an application?  YES  NO If yes, when? \_\_\_\_\_  
Have you ever been employed by Tampa Bay Steel Corporation?  YES  NO If yes, when? \_\_\_\_\_

## PRE-EMPLOYMENT AGREEMENT

### **PLEASE READ CAREFULLY:**

I freely and voluntarily agree to submit to a urinalysis (drug screen) as part of my application for employment. I understand that refusal to submit to the urinalysis screen may disqualify me from further consideration for employment. Having received a conditional offer of employment based upon my passing the pre-employment drug screen, I recognize that should I fail the drug screen I will no longer be considered for employment.

I further understand that upon commencement of employment with the company I may again be required to submit to a urinalysis screen. I understand that refusal to take a requested urinalysis screen or failure to meet the minimum standards set for the screen may result in immediate suspension or discharge.

I have read in full and understand the above statements and conditions of employment.

### **NOTICE OF APPLICANTS**

We comply with the Americans With Disabilities Act of 1990. During the interview process, you may be asked questions concerning your ability to perform job-related functions. If you are given a conditional offer of employment, you may be required to complete a post-job offer medical history questionnaire and/or undergo a medical examination. If required, all entering employees in the same job category will be subject to the same medical questionnaire and/or examination and all information will be kept confidential and in separate files.

We are an equal employment opportunity employer. We adhere to a policy of making employment decisions without regard to race, color, sex, handicap, or marital status. We assure you that your opportunity for employment with this Employer depends solely upon your qualifications.

### **PLEASE READ AND SIGN STATEMENTS BELOW**

I understand that, in accordance with Florida Statute 443.131(3) (a)(2) if hired, I will be placed on a 90-day probationary period. I further understand that if I am terminated for unsatisfactory work performance within the 90-day probationary period, the employer may seek to contest any unemployment benefit I might attempt to obtain as a result of my termination. \_\_\_\_\_ (Initials)

I understand and agree that all policies, procedures, and the Employee Handbook may be modified, amended, or deleted by the Company with or without notice to me of such amendment, modification or deletion; that the policies and procedures are not intended to be a contract of employment nor do they give me a right of continued employment; and that my employment may be terminated at any option or at the option of Tampa Bay Steel Corporation with or without notice by either party. I also understand that there are no other arrangements, agreements, or understandings, regarding the terms of employment. There may be no amendments or exceptions to this statement unless they are in writing and signed by the President. \_\_\_\_\_ (Initials)

I understand that I may be required to undergo blood and/or urinalysis screening for drug or alcohol use as part of our pre-employment process. In addition, all employees are subject to blood and/or screening for drug or alcohol use. \_\_\_\_\_ (Initials)

I certify that all information given on this employment application, any resume that I submit to the company, and any related papers and answers given during oral interviews are true and correct. I understand that Tampa Bay Steel Corporation will make a thorough investigation of my work and personal history. I authorize the giving and receiving of any such information requested by the company. I authorize the giving and receiving of any such information requested by the company during the course of such an investigation or any derogatory information discovered as a result of this investigation may subject me to immediate dismissal. I hereby release from liability all persons who provide information to my employer during the course of any such investigation. \_\_\_\_\_ (Initials)

**I have read in full and understand the above statements and conditions of employment.**

Date: \_\_\_\_\_ Signature \_\_\_\_\_