

UNIVERSAL METAL PRODUCTS, INC.

APPLICATION FOR EMPLOYMENT

Universal Metal Products, Inc. Is an equal opportunity employer, our policy is to abide by all federal, state and local laws prohibiting discrimination in employment because of race, color, sex, religion, national origin, age, disability (where the person is able to perform the essential function of the position), veteran status, citizenship status, or other prohibited reasons.

NAME (Print): _____ **DATE:** _____

ADDRESS: _____

CITY, STATE, ZIP _____ **TELEPHONE #:** _____

EMAIL ADDRESS : _____ **CELL PHONE (if applicable):** _____

POSITION(S) APPLIED FOR: _____ **WAGE DESIRED:** _____

Applying for: Full Time _____ Part Time _____ What hours can you work? _____

Date available for work: _____ Can you work any shift? _____

Have you ever been employed here before? _____ If yes, when? _____

Are you legally eligible for employment in the United States? Yes No

(Form I-9 must be completed as part of this application process)

How were you referred to our Company? Ad Person Agency Employee.

Name(s) of relatives/ friends employed by the Company: _____

Have you been convicted of a crime that has not been expunged or sealed by a court? Yes No

If yes, please explain: _____

(A conviction will not necessarily disqualify an applicant from consideration for employment)

If you are under 18 yrs. of age, can you provide required proof of your eligibility to work? Yes No

EDUCATION AND TRAINING

Education	Name/Location of School	Did you graduate?	# of Yrs. completed	Course of Study
High School				
College				
Business, Trade/Technical				
Other				

Summarize special skills and qualifications acquired from employment or other experienced that may qualify you for work with our Company (experience with software, machines and/or equipment, etc.): _____

Are there any additional comments you would care to make regarding your experience or special skills?

Why are you interested in employment with Universal Metal Products? _____

EMPLOYMENT HISTORY: Please give an accurate, complete full-time and part-time employment record, beginning with your most recent employment. Please give complete names and addresses. Include US military service. If self-employed please give firm name and one (1) business reference.

From:	To:	Employer:	Telephone:
Job Title:		Address:	
Supervisor:		Summarize nature of work performed/job responsibilities:	
Rate of pay:		Reason for leaving:	
From:	To:	Employer:	Telephone:
Job Title:		Address:	
Supervisor:		Summarize nature of work performed/job responsibilities:	
Rate of pay:		Reason for leaving:	
From:	To:	Employer:	Telephone:
Job Title:		Address:	
Supervisor:		Summarize nature of work performed/job responsibilities:	
Rate of pay:		Reason for leaving:	
From:	To:	Employer:	Telephone:
Job Title:		Address:	
Supervisor:		Summarize nature of work performed/job responsibilities:	
Rate of pay:		Reason for leaving:	

In applying for employment it is understood that we reserve the privilege of contacting past employers regarding references. May we also contact your present employer at this time? ___ Yes ___ No

IMPORTANT CONDITIONS OF EMPLOYMENT - PLEASE READ CAREFULLY BEFORE SIGNING:

I certify that my answers to all of the foregoing are true and I recognize that my future employment is subject to termination without notice should any of the above statements be found false or inaccurate. I understand that any employment pursuant to this application shall be conditioned upon my taking and passing a drug screening urinalysis. I also hereby agree to submit to medical examinations both as a condition of employment following an offer of employment and as a condition to continued employment and to make the results of any medical examination available to the Company at the Company's request. **I also understand and agree that if I am hired by the Company, I will be employed as an employee-at-will, and as such I am free to resign at any time and the Company reserves the right to terminate my employment at any time, with or without cause and with or without notice. I also understand that no representative of the Company has the authority to make any assurances contrary to the foregoing.** This Application for Employment shall be considered active for a period not to exceed six (6) months. An applicant wishing to be considered for employment beyond this time period should inquire as to whether applications are being accepted at that time. **I understand and accept the conditions set forth in this statement.**

Signature of Applicant _____

Date: _____

Universal Metal Products, Inc. – Background Check

**Disclosures and Applicant’s Consent for Universal Metal Products, Inc. to Request
Consumer Report Information**

In processing employment applications, it is normal procedure for the company to obtain a background investigation report of job applicants. In accordance with this standard procedure, an investigation into your background will be made. Please read the following statement and indicate your consent by signing below:

I understand that the Company obtains consumer reports or investigative consumer reports in regard to the employment of applicants and employees.

This investigative inquiry typically concerns information on an applicant’s education, employment and criminal records, and may include inquiries into financial history and interviews with references or others.

Further information on the nature and scope of such an inquiry, if one is made, is available to you upon written request.

I authorize all persons, investigative agencies, business organizations, schools, companies, corporations, credit bureaus and law enforcement agencies to supply the Company and/or its agents with an investigative consumer report containing any information concerning my background. I authorize the company, its employees, personnel, and/or agents to conduct any interview procedures they believe necessary.

I also understand that if hired, this authorization shall remain in effect and shall serve as an ongoing authorization for the company to procure consumer reports or investigative consumer reports, including reports regarding workers compensation claims, criminal, driving, and court records, and asset holdings, at any time during my employment period.

I am aware that these reports are prepared under the guidelines of the Fair Credit Reporting Act and that I will be provided a copy of these reports and a description in writing of my rights under the law if I am denied employment based on information contained in the reports.

I hereby consent to this investigation as stated above and authorize the company to procure a report on my background:

To proceed with the above background investigation please provide the following information:

SS# _____ AND Date of Birth: _____

Name (Print) _____

(Signature)

(Date)

Universal Metal Products, Inc.

BACKGROUND INFORMATION – AUTHORIZATION AND RELEASE

I authorize all persons, investigative agencies, business organizations, schools, companies, corporations, credit bureaus, and law enforcement agencies to supply the company and/or its agents with any information concerning my background.

I release the Company, its employees, partners, personnel and agents from any and all liability and responsibility, damages and claims of any kind whatsoever arising from an investigation of my background and the interview procedures conducted and likewise release any and all third parties for providing background investigative information.

Print Name: _____

Signature: _____

Date: _____

IMPORTANT CONDITIONS OF EMPLOYMENT – PLEASE READ CAREFULLY BEFORE SIGNING:

I certify that my answers to all of the foregoing are true and I recognize that my future employment is subject to termination without notice should any of the above statements be found false or inaccurate. I understand that any employment pursuant to this application shall be conditioned upon my taking and passing a drug screening urinalysis. I also hereby agree to submit to medical examinations both as a condition of employment following an offer of employment and, as may be permitted by law, as a condition to continued employment and to make the results of any medical examination available to the Company at the Company's request. **I also understand and agree that if I am hired by the Company, I will be employed as an employee-at-will, and as such I am free to resign at any time and the company reserves the right to terminate my employment at any time, with or without cause and with or without notice. I also understand that no representative of the Company, other than the President, has the authority to make any agreement contrary to the foregoing, and for any such agreement to be effective, it must be in writing and signed by the Company President and the employee involved.** This Application for Employment shall be considered active for a period not to exceed six (6) months. An applicant wishing to be considered for employment beyond this time period should inquire as to whether applications are being accepted at that time. I understand and accept the conditions set forth in this statement.

Signature of Applicant _____

Date _____

Universal Metal Products, Inc.

SUBSTANCE ABUSE TESTING – AUTHORIZATION AND RELEASE

CONSENT: I understand that a urinalysis will be conducted as part of my pre-employment physical examination. I hereby consent to provide a sample of my urine for analysis, testing and screening for the presence of controlled substances. I also understand that my eligibility for employment is contingent upon, among other things, my successful completion of the test and that a positive result or a refusal to submit to a drug screen will disqualify me from further consideration for a position.

I understand that the cost for my drug screen is \$ 126.50 (Cleveland Division), \$ 120.00 (McAllen Division) or \$ 108.00 (Toledo Division) and it will be paid by Universal Metal Products, Inc. However, if my employment is terminated with the Company within the first 90 days after my date of hire, I become responsible for repayment of this cost and it will be deducted from my final paycheck.

RELEASE OF RESULTS: I authorize:

McAllen Division:	<u>VALLEY OCCUPATIONAL & FAMILY HEALTH</u>
Cleveland Division:	<u>CONCENTRA MEDICAL CENTERS</u>
Toledo Division:	<u>OCCUPATIONAL CARE CONSULTANTS</u>

to obtain a sample of my urine to be analyzed for the presence of controlled substances and to release the results of the analysis and the results of my physical examination to the Company. I also agree to release and hold harmless the Company, its officers, agents, and employees from any liability based on the request for, administration of, and use of the results of my physical examination and drug screen.

Name (Print) _____

Signature _____

Date _____