



MAGIC STEEL CORPORATION
APPLICATION FOR EMPLOYMENT

TODAY'S DATE: _____

NAME: _____
(LAST) (FIRST) (MIDDLE)

CURRENT ADDRESS: _____

LENGTH OF TIME AT THIS ADDRESS: _____ TELEPHONE NUMBER: _____

WE WORK 6 DAYS A WEEK AND RUN THREE SHIFTS A DAY. PLEASE INDICATE (A) FOR YOUR FIRST CHOICE SHIFT PREFERENCE AND (B) FOR YOUR SECOND CHOICE SHIFT PREFERENCE AND (C) FOR YOUR THIRD CHOICE SHIFT PREFERENCE.

1st SHIFT _____ (6:00am to 2:00pm) 2nd SHIFT _____ (2:00pm to 10:00pm) 3rd SHIFT _____ (10:00pm to 6:00am)

Position(s) Applied for: 1. _____ Rate of pay expected \$ _____ per _____
2. _____ Rate of pay expected \$ _____ per _____

Have you ever applied for work with us before: Yes _____ No _____ If yes, when? _____

List anyone you know who works for us: _____

Do you have any skills, qualifications or experiences which you feel would especially fit you for work with us?

U.S. Armed Forces Services? Yes _____ No _____ If yes, when? _____

Branch of Services? _____ Duties: _____

Rank or rating at time of enlistment: _____ Rating at time of discharge: _____

Were you dishonorably discharged? Yes _____ No _____ If yes, explain: _____

Are you able to do the job(s) for which you are applying? Yes _____ No _____

If not, please explain: _____

Are you 18 years of age or older? Yes _____ No _____

Have you ever been convicted of a crime? Yes _____ No _____ If yes, explain when, where, and the nature of the offense.

Are there any criminal charges pending against you now? Yes _____ No _____

If yes, describe _____

Are you authorized to work in the United States? Yes _____ No _____

If hired, when can you start? _____

EDUCATION

SCHOOL	NO. OF YEARS ATTENDED	NAME OF SCHOOL	CITY / STATE	COURSE	DATE YOU GRADUATED
HIGH					
COLLEGE					
OTHER					

PRIOR WORK EXPERIENCE

(Please list your most recent employment first, use additional space below if necessary to list all employers.)

NAME & ADDRESS OF EMPLOYER	DATES OF FROM	EMPLOYMENT TO	TYPE OF WORK	REASON FOR LEAVING

BUSINESS REFERENCES

NAME	ADDRESS AND TELEPHONE NO.	OCCUPATION

APPLICANT'S CERTIFICATION AND AGREEMENT

PLEASE READ CAREFULLY:

1. **Certification of Truthfulness:** I certify that all statements on this Application for Employment are made truthfully and without evasion, and further understand and agree that such statements may be investigated and if found to be false will be sufficient reason for not being employed, or if employed may result in my dismissal.
2. **Authorization for Employment/Educational Information:** I authorize the references listed in this Application for Employment, and any prior employer, educational institution, or any other persons or organizations to give this Company any and all information concerning my previous employment/educational accomplishments, disciplinary information or any other pertinent information they may have, personal or otherwise, and release all parties from all liability for any damage that may result from furnishing the same to you. I hereby waive written notice that employment information is being provided by any person or organization.
3. **Employment at Will:** If I am hired, in consideration of my employment, I agree to abide by the rules and policies of this Company, including any changes made from time to time, and agree that my employment and compensation can be terminated with or without cause, and with or without notice, at any time, at the option of either the Company or myself. I understand that no manager or other representative of the Company, other than the President, has any authority to enter into any agreement for employment for any specific or indefinite period of time, or to make any agreement contrary to the foregoing. Any such agreement made by the President must be made in writing to be effective.
4. **Authorization to Work:** If I am selected for hire, I will be offered employment provided I verify that I am authorized to work as required by the Immigration Reform and Control Act of 1986.
5. **Limitation on Claims:** I agree that any action or suit against the Company arising out of my employment or termination of employment, including but not limited to claims arising under State or Federal civil rights statutes, must be brought within the time limit specified by Statute or one (1) year of the event giving rise to the claim, whichever is less, or be forever barred. I waive any statute of limitations which exceeds one (1) year.
6. **Need for Accommodation:** If I am a handicapper who requires an accommodation to perform the job, I must notify the Company of that need within 182 days after I knew or reasonably should have known that an accommodation was needed. Failure to do so will bar me from alleging that the Company has not accommodated me as required by law.
7. **Criminal Records Check:** I authorize the Company to secure my criminal conviction history from the appropriate law enforcement agency, should the Company determine it is necessary to do so. I agree to execute the appropriate authorization if necessary to obtain such information.
8. **Driving Record Check:** I agree to execute an authorization for this employer to inquire into, and obtain documents related to, any driving record from every state in which I have held a motor vehicle operator's license or permit.
9. **Release of Medical Information:** I authorize every medical doctor, physician or other health care provider to provide any and all information, including but not limited to, all medical reports, laboratory reports, X-rays or clinical abstracts relating to my previous health history or employment in connection with any examination, consultation, test or evaluation. I hereby release every medical doctor, health care personnel and every other person, firm, officer, corporation, association, organization or institution which shall comply with the authorization or request made in this respect from any and all liability. I understand that this release will not be sent to my physician or other health care provider until a conditional job offer has been made.
10. **Physical Exam and Drug and Alcohol Testing:** I agree to take a physical exam following a conditional job offer. I also authorize the Company or its designated agent(s) to withdraw specimen(s) of my blood, urine or hair for chemical analysis. One purpose of this analysis is to determine or exclude the presence of alcohol, drugs or other substances. I understand that decisions concerning my employment may be made as a result of this test.

11. **Consideration for Employment:** I understand that my application will be considered pursuant to the Company's normal procedures for a period of thirty (30) days. If I am still interested in employment thereafter, I must reapply.

I have read and understand items one through 11 above, and acknowledge that with my signature below.

I agree that if any of the above commitments is ever found to be legally unenforceable as written, the particular commitment concerned

Dated: _____

Applicant's Signature

MAGIC STEEL CORPORATION PRODUCTION ENTRY TEST

1. HAVE YOU EVER DRIVEN A FORK LIFT? YES _____ NO _____ LICENSED _____
2. ARE YOU FAMILIAR WITH MICROMETERS? YES _____ NO _____
CALIPERS YES _____ NO _____ TAPE MEASURE YES _____ NO _____
3. DO YOU KNOW FRACTIONS? YES _____ NO _____
THEIR DECIMAL EQUIVALENTS? YES _____ NO _____
4. CHECK IF APPLICABLE, I HAVE RUN OVERHEAD CRANE _____, MONORAIL CRANE _____,
BOOM CRANE _____
5. MY KNOWLEDGE OF STEEL IS GOOD _____, FAIR _____, NONE _____,
6. I HAVE _____ YEARS, _____ MONTHS OF EXPERIENCE IN THE STEEL INDUSTRY.
7. MY EXPERIENCE WITH STEEL IS FLAT ROLLED _____, STRUCTURAL _____, TOOL & DIE _____,
WAREHOUSING _____, OTHER _____, IF OTHER, PLEASE GIVE A BRIEF EXPLANATION BELOW.

8. READ THE MEASUREMENTS BELOW AND GIVE YOUR ANSWER IN THE SPACE PROVIDED.



ANSWERS: 8a _____ FRACTIONAL.... _____ DECIMAL
8b _____ FRACTIONAL.... _____ DECIMAL
8c _____ FRACTIONAL.... _____ DECIMAL