



4444 Broadway, Suite 4A, Gary, IN 46408

Are you applying for the ab In compliance with Federal and State e regard to race, creed, color, national ori employment decisions. If a Partner Facility Location	mployment op igin, sex, age,	portunity laws, qualdisability, marital sta	ified applica atus, sexual	ints are considered for all positions orientation or citizenship status in a	
Date of Application					
Position(s) Applied for					
First Name		M.I	Last		
Date of Birth					
Phone #				Any Certifications: Yes	or No
Specify Certification if applicab	ole:				
Current Address					
City	State	Zip Code		How long?years/mon	
Previous Address:					
				How long?	
City	State	Zip Code		years/months	
Previous Address:					
				How long?	
City	State	Zip Code		years/months	
Previous Address:					
				How long?	



City State Zip Code years/months Have you ever worked for Steel City Staffing, LLC before? Yes or No If so, Position_______To_______ Reason for leaving Are you now employed? Yes or No If so, where?_____ If you are not employed, how long since you left your last job?_____ Why____N/A__ Who referred you?_____ Are you legally eligible for an employer? Yes or No Are you able to meet the attendance requirements of the poo Are you under 18 years of age? **Education History** High School Name_____Graduated? Yes or No High School Address College/University _____ Graduated? Yes or No College/University Address Other Education and/or Training: Graduated or Completed? Yes or No



Street		Suite #
City		
Position Held		Present? Yes or No
Position Held Time on jobmonths	Date_FromTo_	
	-	
ACCOUNT FOR PERIOD BETW	EEN JOBS - Include da	ates (month/year) and reason
If you are no longer with your emptors account for Period Betwie Employer Name Street	EEN JOBS - Include da	ates (month/year) and reason
ACCOUNT FOR PERIOD BETWEE	EEN JOBS - Include da	ates (month/year) and reason Suite #
ACCOUNT FOR PERIOD BETWEE Employer Name Street	EEN JOBS - Include da	Suite #Zip CodePresent? Yes or No



Employer Name				
Street			Suite #_	
City		State	_ Zip Code_	
Position Held			_Present? Y	es or No
Time on jobmonths	SDate_From	mTo		
If you are no longer wit	h your employer, why?)		
If you have more on you use another sheet of pap ACCOUNT FOR PERIOD	ur employment record p er.	please write it	on the back	of this application or
Employer Name				
Street			Suite #_	
City		State	Zip Code_	
Position Held			_Present? Y	es or No
Time on jobmonths	SDate_From	mTo		
If you are no longer wit	h your employer, why?			
Accident History If no accidents in the last	st 5 years? Yes or No			
Dates	Nature of Accident	Fatalities		Injuries
Last accident				
Previous				



Prior			
Convictions and For Do you have any felor Yes or No		r convictions or forfeitu	res within the last 10 years?
Date of felony, misdemeanors, or convictions	Violation	State of Violation	Penalty
Drivers License Inform	nation		
State		License Number	Expiration Date
Do you have any othe security guard?	• •	ee that would make you a	a good candidate for a
References Please list at least this character and who ye		ple or businesses that c	an vouch for your
1. Name		Pos	sition
Phone#	Years/months k	nown	
2. Name		Pos	sition
Phone#	Years/months k	nown	



3. Name		Position		
Phone#	Years/months known			

TO BE READ AND SIGNED BY APPLICANT

I authorize you to make such investigations and inquiries of my personal, employment, financial or medical history and other related matters as may be necessary in arriving at an employment decision. (Generally, inquiries regarding medical history will be made only if and after a conditional offer of employment has been extended.) I hereby release employers, schools, health care providers and other persons from all liability in responding to inquiries and releasing information in connection with my application.

"I understand that information I provide regarding current and/or previous employers may be used,, and those employer(s) may be used, and those employers may be contacted for the purpose of investigating my safety performance history as required by 49 CFR 391.23(d) and (e). I understand that I have the right to:

- Review information provided by current/previous employers.
- Have errors in the information corrected by previous employers and for those previous employers to re-send the corrected information to the prospective employer; and
- Have a rebuttal statement attached to the alleged erroneous information. If the previous employer(s) and I cannot agree on the accuracy of the information."

APPLICANT STATEMENT - I Certify that all the information I have provided in order to apply for and secure work with Steel City Staffing, LLC is true, complete and correct. I am aware that I am applying for work for a company involved with security of people and the business's premises. I understand that any information provided by me that is found to be false, incomplete or misrepresented in any respect, will be sufficient cause to cancel further consideration of this application or immediately discharge me from the employer's service whenever it is discovered.

I expressly authorize, without reservation, the employer, its representatives, employees or agents to contact and obtain information from all references (personal or professional), employers, public agencies, licensing authorities and educational institutions and to otherwise verify the accuracy of all information provided by me in this application, resume or job interview. I hereby waive any and all rights and claims I may have regarding the employer, its agents, employees or representatives seeking, gathering and using such information in the employment process and all



other persons, corporations or organizations for furnishing such information about my background to Steel City Staffing, LLC.

I understand that the employer does not unlawfully discriminate in employment and no question on this application is used for the purpose of limiting or excusing an applicant from consideration for employment on a basis prohibited by local, state or federal law.

I understand that this application remains current for 1 year. At the conclusion of that time, if I have not heard from the employer and still wish to be considered for employment, it will be necessary to reapply and complete a new application.

If I am hired, I understand that I am free to resign at any time, with or without cause and without prior notice, and the employer reserves the same right to terminate my employment at any time, with or without cause and without prior notice, except as may be required by law. This application does not constitute an employment agreement or contract for employment for any specified period or defined duration. I understand that no supervisor or representative of the employer is authorized to make any assurances to the contrary and that no implied, oral or written agreements contrary to the foregoing express language are valid unless they are in writing and signed by the employer president.

DO NOT SIGN UNTIL YOU HAVE READ THE ABOVE APPLICANT STATEMENT.

I certify that I have read and fully understand and accept all terms of the foregoing Applicant Statement and certify that this application was completed by me and that all entries on it and information in it are true and complete to the best of my knowledge.

Signature of Applicant	
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Authorization to Obtain Employment Background Report

I have read the Disclosure Regarding Employment B Staffing, LLC (SCS,llc) and this Authorization to Ob my signature below, I hereby consent to the preparati	tain Employment Background Report. By
	, a consumer reporting agency
located at	
Phone #()	, <u>www.</u>
Of background reports regarding me and the release designated representatives, to assist the COMPANY involving me at any time after receipt of this authorize the extent permitted by law. To this end, I hereby aut federal law enforcement agency or cout, educational furnish any and all information regarding me to	in making an employment decision zation and throughout my employment, to thorize, without reservation, any state or institution, motor vehicle or employer to and/or the
said COMPANY itself, and authorize information to the COMPANY. I agree that a facsim of this Authorization shall be as valid as the original.	ile ("fax"), electronic or photographic copy
Signature	Today's Date