## APPLICATION FOR EMPLOYMENT WHITE'S STEEL

(760) 347-3401 FAX (760) 347-0296 www.whitessteel.com

EMAIL: JOBS@WHITESSTEEL.COM Date:

			PERSC	NAL INF	ORMATION					
Last Name:			First:			Middle:				
Present Address:			City:			State:		Zip Cod	de:	
Telephone:			Mobile:			Alternate telep	hono to ho ro	achod:		
relephone.			WODITE.			Aiternate telep	mone to be rea	acrieu.		
					I		<u> </u>			
Do you have a valid driver's			State:		Number:		Expiration D	ate:		
	ass: A	в с								
Are you authorized to work	in the U.S.?			_	•	E-Verify. If you			-	
[ ]YES[ ]NO			-	-	-	legal authority	to work in	the Un	ited Star	es.
Have you ever worked for W		Inc. ?			to our company					
[ ]YES[ ]NO DATES	S:		[ ]SELF [	] EMPL	OYEE (NAME)	:		[ ]0	THER:	
			EMPL	OYMENT	DESIRED					
Position:			Date available	e for work:			Salary desire	ed:		
Are you employed?		If so, may w	e inquire your	•	ployer?		If NO,	why?		
[ ]YES [ ]	NO		[ ]YES	[ ] NC	)					
	WO	RK HISTO	RY: BEGINNIN	NG WITH YO	OUR MOST REC	ENT POSITION F	IRST			
(1) Company:							Immediate S	Supervis	or:	
(1) Company.										
Job Title:							From:		То:	
							/ Telephone n	/	/	/
Business address:							relephone n	iuiiibei.		
Reason for leaving:										
iteason for leaving.			Do	escription o	f dutios:					
			De	scription o	i duties.					
(1) Company:							Immediate S	upervis	or:	
							From:		To:	
Job Title:							/	/	/	
							Telephone n	umber:		
Business address:										
Reason for leaving:										
			De	escription of	f duties:					
							Ilmmediate S	unervis	or.	
(1) Company:							miniodiato c	ирог по	<u> </u>	
Reason for leaving:  Description of duties:  Ilmmediate Supervisor:		To:								
Job Title:							/	/	/	/
Business address:							Telephone n	umber:		
Duomicoo addicoo.										
Reason for leaving:										
			De	escription of	f duties:					

		E	DUCATION				
High School Graduate:	[ ]YES [ ]	NO	If NO highest cor	mpleted?	[ ]9[	]10 [ ]	11 [ ]12
High School attended:			City:			State:	
College Graduate:	[ ]YES [ ]NO [	] SOME COL	LEGE Degree:				
College attended:			City:			State:	
OTHER: LIS	ST BELOW ANY OTHER EX	(PERIENCE YOU	FEEL WOULD BE HELF	PEUL IN CONSIDE	RING YOUR A	PPLICATION	N
OTTER: ER	or below and other ex	W EMENGE 100	LEE WOOLD BE HELF	TOE IN CONCIDE	itinto room p	ar EloArioi	•
REFERENCES: GIV	E BELOW THE NAMES OF	THREE PERSON	S NOT RELATED TO YO	OU. WHOM YOU F	HAVE KNOWN	AT LEAST O	ONE YEAR.
Nan	ne	Tel	ephone No.	Occupati	ons	Years K	nown
ALITHOPIZATION:	PLEASE READ CAREF	III I V AND SIGN	I — ARRI ICATIONS M	VITHOLIT SIGNA	TUDE WILL	NOT BE AC	CERTER
and any pertinent informat from utilization of such info	ormation. My signature co	onveys that I have	e read, understood an	d agree to all the			
		O NOT WRITE	BELOW THIS LIN	E			
INTERVIEWED BY:				DATE:			
REMARKS							