## **Application for Employment**

Crimson Steel Supply, LLC Phone: 918-994-5330

Fax: 918-994-5331



Candidate's Name:		Date:
Address:		
Phone Number:	Cell Phone:	
E-Mail Address:		_
Are you 18 years of age or ☐ Yes ☐ No	older?	
Are you either a U.S. citize ☐ Yes ☐ No	n or an alien authorized to work in	the U.S.?
Have you ever been convic  ☐ Yes ☐ No  If Yes, explain:	ed of a felony?	
Have you ever worked or a	tended school under another name	? If so, under what name?
Position Desired		
Position:	Start date available:	_
Wage rate desired: \$		☐ Annually
Do you prefer:   Full-time	☐ Part-time If part-time, hours	s per week desired:
Hours you are available to	work:	
Days of week you are avail	able to work:	
	Weekends Holidays Nights Overtime	

Have you previously worked	d for Crimson Steel	Supply, LLC?	☐ Yes ☐ No	
Pates of employment with C	to			
Reason(s) for leaving:				
Former supervisor(s) at this	company:			
Iow did you learn about thi	s opening?			
Education				
High School:		Graduated? ☐ Yes ☐ No	Course of Study:	
Technical School:		Graduated? ☐ Yes ☐ No	Course of Study:	
College/University:		Graduated? ☐ Yes ☐ No	Course of Study:	
Post-Graduate Education:		Graduated? ☐ Yes ☐ No	Course of Study:	
Other education, training of	or special skills:			
V-ul- E-mariance				
	ent, beginning with the i	most recent. If you	need more room, you may attach	
another sheet of paper.		Address:		
Employer:		rudiess.		
From To	Position Held:		Reason for Leaving:	
Supervisor's Name & Title:			May we contact? □ Yes □ No	
Description of Duties:				
Starting Compensation:		Final Compensation:		

Employer:		Address:	
From To	Position Held:		Reason for Leaving:
Supervisor's Name & Title:			May we contact? ☐ Yes ☐ No
Description of Duties:			
Starting Compensation:		Final Compensation:	
Employer:		Address:	
From To	Position Held:		Reason for Leaving:
Supervisor's Name & Title:			May we contact? ☐ Yes ☐ No
Description of Duties:			
Starting Compensation:		Final Compens	eation:
References Identify three persons who know Name:		_	
Address:	City, State, Zip:		
Position or Title:		Y	Years Known:
Name:	Phone Number	er:	Email:
Address:		City, State	e, Zip:
Position or Title:		Y	Years Known:

Name:	Phone Number:	Email:
Address:	C	ity, State, Zip:
Position or Title:		Years Known:
Authorization and Acknow	vledgements	
knowledge, information and requested. I understand that	belief, and I have not withholding or misstati ection of my application,	application is true to the best of my knowingly withheld any information ng any information requested in this and that providing false or misleading
any other information I have p listed to disclose any informa with them, without giving me	provided. Unless otherwise ation related to my work a prior notice of such disclo other persons and entities	d of employment, education record, and a noted, I authorize the references I have record and my professional experiences sure. In addition, I release the company, s, from any and all claims, demands or uiry or disclosure.
Candidate's Signature		Date