



MATALCO (U.S.) INC.
AN EQUAL OPPORTUNITY EMPLOYER

Type of position desired
(Please be specific)

APPLICATION FOR EMPLOYMENT

LOCATION: **Bluffton Brampton Canton Lordstown Wisconsin Rapids**

All applicable sections of this application must be completed prior to consideration of employment with Matalco (U.S.) Inc., (hereafter as "the Company") or any of its subsidiaries and divisions.

All information requested on this form is used solely to evaluate your ability to perform the job for which you are applying. It is the policy of the Company and all its divisions and subsidiaries, not to discriminate in any way against any applicant or any employee because of race, color, religion, sex, age, national origin, marital status, physical/mental disability (unrelated to ability to perform essential job functions) or veteran status, in accordance with applicable federal and state laws.

PERSONAL DATA

(Print name in full) L. _____ F. _____ MI. _____		Social Security Number	Today's Date
Present Address Street _____ City _____ State _____ Zip _____			Home Telephone () _____
Are you at least eighteen (18) years of age or, if you are applying for a position driving a company vehicle or operating heavy equipment, are you at least twenty-one (21) years of age? <input type="checkbox"/> Yes <input type="checkbox"/> No			If hired, can you show proof of age? <input type="checkbox"/> Yes <input type="checkbox"/> No
Can you, after employment, submit verification of your legal right to work in the United States? <input type="checkbox"/> Yes <input type="checkbox"/> No			
Type of Employment Desired <input type="checkbox"/> Full-time <input type="checkbox"/> Part-time <input type="checkbox"/> Temporary		Date Available	Referral Source
Have you ever been employed or have you previously applied for employment with the Company or any affiliate? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, give dates of employment and reason for leaving.			
Will you work shifts? <input type="checkbox"/> Yes <input type="checkbox"/> No Will you work alternating shifts? <input type="checkbox"/> Yes <input type="checkbox"/> No If no to either of the above, what hours will you work?			

Have you ever been convicted of a felony? Yes No Date _____
If yes, please explain. A felony conviction does not automatically exclude you from employment and will be considered only as it relates to your fitness to perform in the position for which you are applying: _____

EDUCATION DATA

Circle Highest Year Completed	Grade School 6 7 8	High School 9 10 11 12	College 1 2 3 4	Graduate 1 2 3 4
Level	Name and Location (City, State)		Major or Courses	Graduated (Y or N)
High School				
College				
College				
Business/Trade School				

EMPLOYMENT BACKGROUND

The fact that you have filed this application will be kept strictly confidential and will not in any way be brought to the attention of your present employer without your permission. Please give an accurate, detailed and complete record of your employment below. Begin with you present position. If you are applying for a position where driving a company vehicle or operating heavy equipment is part of your job responsibilities, then you must complete the Drivers Supplemental Application.

Are you currently employed? Yes No
May we contact your present employer? Yes No
May we contact you at your present employer? Yes No

EMPLOYER	SUPERVISOR (NAME AND TITLE)		
STREET ADDRESS	PHONE NUMBER ()	EXT.	
CITY	STATE	ZIP	YOUR JOB TITLE
MAJOR DUTIES	FROM (M/YR)		
	TO (M/YR)		
REASON(S) FOR LEAVING	SALARY		

EMPLOYER	SUPERVISOR (NAME AND TITLE)		
STREET ADDRESS	PHONE NUMBER ()	EXT.	
CITY	STATE	ZIP	YOUR JOB TITLE
MAJOR DUTIES	FROM (M/YR)		
	TO (M/YR)		
REASON(S) FOR LEAVING	SALARY		

EMPLOYER	SUPERVISOR (NAME AND TITLE)		
STREET ADDRESS	PHONE NUMBER ()	EXT.	
CITY	STATE	ZIP	YOUR JOB TITLE
MAJOR DUTIES	FROM (M/YR)		
	TO (M/YR)		
REASON(S) FOR LEAVING	SALARY		

If you have additional employment data, please continue the above referenced information on an additional sheet of paper or attach resume.

If applicable, please explain periods of inactivity of more than (3) months during your employment history stated above.

MILITARY DATA (VOLUNTARY)

Have you ever been a member of the United States Armed forces? Yes No If yes, which branch? _____

Are you now a member of the Reserves or National Guard? Yes No Reserve Status _____ Rank and Grade _____

List any equipment skills required during military service _____

ADDITIONAL INFORMATION YOU WOULD LIKE THE COMPANY TO CONSIDER

PERSON TO CONTACT IN CASE OF EMERGENCY

Name Address Phone Number

APPLICANT MUST READ AND SIGN

I expressly authorize, without reservation, the company, its representatives, employees or agents to contact and obtain information from all references (personal and 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 Company, its agents, employees or representatives, for seeking, gathering and using such information in the employment process and all other persons, corporations or organizations for furnishing such information about me.

It is the goal of the Company to provide a safe work environment for employees and the general public. This is a DRUG FREE WORKPLACE. We believe that the performance of employees under the influence of drugs and alcohol contributes to potential safety problems. Therefore, a pre-employment controlled substance screen will be required. Additionally, if an offer of employment is extended, a pre-placement medical evaluation will be required for individuals offered positions directly involved with the operations within our facilities or the operation of our trucks and equipment.

In the event of employment, I understand that false or misleading information given in my application or interview(s) will result in my discharge. I understand that if hired by the Company, my employment will be of indefinite duration and either the Company or I will be free to terminate the employment relationship with or without cause and at any time. I further understand that any representations to the contrary are unauthorized and void, unless contained in a written employment contract signed by the President of the Company. I also agree to conform to the rules and regulations of the Company and understand they may be changed, withdrawn or added at Company's sole option, with or without prior notice to me.

THIS APPLICATION WAS COMPLETED ON COMPANY PREMISES IN THE PRESENCE OF A COMPANY REPRESENTATIVE

Signature Date