

To the Applicant: Reference checks are a part of Mitchell Metal's procedure for employment. Your signature indicates your permission for the release of information concerning your employment record/background.

I hereby authorize and request former employers, personal references and schools to release any information they may have regarding me.

I hereby release, acquit and agree to hold harmless from any and all liability Mitchell Metal and its agents, all former employees, and all other persons in connection with providing and/or receiving information relative to this application for employment. A copy of this agreement shall be deemed to serve the same purpose as the original.

I hereby authorize investigation of all statements contained in this application. I understand that misrepresentation or omission of facts called for in this form is cause for rejection of the application and/or termination of employment.

I agree to submit myself upon request by Mitchell Metal for a physical examination by a physician designated by Mitchell Metal, at Mitchell Metal's expense, also to future physical examinations that Mitchell Metal may require at a later date as a condition of continued employment. I agree that my employment is contingent upon the results of the above mentioned examination.

If employed, I agree to acquaint myself with, and to abide by the rules, regulations and Employee Relations Policies as established or amended by Mitchell Metal. I further agree that any employment resulting from this application may be terminated at any time without liability to me for wages, salary or other benefits except wages specifically earned at the time and date of such termination.

MITCHELL METAL ENFORCES A DRUG FREE WORKPLACE

In the event of an injury requiring medical assistance, you will be given an alcohol & drug test which will require a blood or urine test, or both. Significant and observable changes in employee performance, appearance, behavior, speech, near miss accident, etc. which provide reasonable suspicion of the presence of drugs or alcohol, are grounds for requiring a fitness for drug evaluation. Refusal to take this test or a positive drug or alcohol test will result in termination of employment. Workman's compensation insurance will not pay compensation if you test positive for drugs. Therefore, you, the employee will be held accountable for all medical expenses incurred.

ABSENTEEISM

The company has established a company wide absenteeism policy to include all employees. This policy is posted on each bulletin board of each department as well as a copy of the company hand book. Read the hand book and become familiar with this policy as it will be strictly enforced.

All new employees will be on a 120 day probation period.

I understand that Mitchell Metal Products can terminate an employee at the employer's discretion.

I understand that I work under my own free will, and not under contract.

The employment relationship may be terminated by the company anytime, with or without cause or prior notice.

I have read and understand the requirements stated above and I understand that if I do not follow these requirements, I may be dismissed at anytime.

I UNDERSTAND THAT I MUST SUBMIT TO AND PASS A DRUG SCREEN BEFORE I WILL BE HIRED.

SIGNATURE OF APPLICANT

Mitchell Metal is an equal opportunity employer and welcomes employees without regard to race, color, national origin, religion, gender, age disability, or veteran status.

APPLICATION FOR EMPLOYMENT

This application will be considered active for only thirty (30) days. If you are not called for an interview or employed during this period, it will be necessary to reapply for further consideration.

This application must be filled out completely and accurately in order to be considered for employment



MITCHELL

METAL PRODUCTS

**HWY 12 EAST • P. O. Box 789 • KOSCIUSKO, MISSISSIPPI 39090
PHONE: 662-289-7110 • TOLL FREE: 1-800-258-6137 • FAX: 662-289-7112**

DATE: _____

1. Name in Full: _____
Last First Middle

2. Present Address: _____
Street/Box City/State/Zip Home Phone # Cell#/Work#

3. Social Security Number: _____ E-mail Address: _____

4. Date of Birth: _____ Height: _____ Ft. _____ In. / Weight: _____ lbs.

5. Are you a citizen of the United States? Yes No

6. Type(s) of position desired: _____ Pay expected: _____

7. Date available to work: _____ Can you work AM PM Either?

8. Will you be engaged in any other work, business or school if employed here? Yes No
If yes, please explain: _____
9. Will you be able to work overtime or on weekends, holidays, if given one day notice? Yes No
10. Have you ever applied to Mitchell Metal before? Yes No If so, when: _____
11. Have you ever interviewed at Mitchell Metal before? Yes No If so, when: _____
12. Have you previously been employed by Mitchell Metal? Yes No
Job Title: _____ When: _____
13. Are you related by kinship or marriage to any current employee of Mitchell Metal? Yes No
If yes, give name & relationship: _____
14. Have you ever been convicted of or plead guilty or no contest to any crime (other than misdemeanor traffic violations) Yes No If yes, please attach a written explanation.
15. Do you have your own transportation to and from work? Yes No
16. List any machinery or equipment which you can operate: _____

17. List any other experience which might be of value to you here: _____

18. Spouse's Name: _____
Last First Middle
19. Spouse's Occupation _____ Employer's Name & Address: _____
20. May spouse be contacted in case of emergency? Yes No
If not, give name address of person to be contacted: _____

21. MEDICAL

Name of family doctor _____: Address: _____

Answer all of the following questions by checking *yes* or *no*. If the answer is *yes* to any of the questions, please explain fully in the space at the bottom.

- | | |
|---|---|
| 1. Do you wear glasses? <input type="checkbox"/> Yes <input type="checkbox"/> No | 11. Have you ever been hospitalized for any reason? <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 2. Do you have a hearing defect? <input type="checkbox"/> Yes <input type="checkbox"/> No | 12. Are you, or any member of your family presently seeing a doctor for any reason? <input type="checkbox"/> Yes <input type="checkbox"/> No
If so, will this cause you to miss work? <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 3. Are you in good health? <input type="checkbox"/> Yes <input type="checkbox"/> No | 13. Have you ever received insurance payments or Worker's Compensation for injury or illness? <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 4. Have you ever had diabetes? <input type="checkbox"/> Yes <input type="checkbox"/> No | 14. Have you ever had any form of back injury? <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 5. Have you ever had epilepsy? <input type="checkbox"/> Yes <input type="checkbox"/> No | 15. Do you have or have had a hernia? <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 6. Have you ever had a disorder of any of the following? (please check all that apply) <input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> Eyes <input type="checkbox"/> Ears <input type="checkbox"/> Nose <input type="checkbox"/> Throat
<input type="checkbox"/> Heart <input type="checkbox"/> Lungs <input type="checkbox"/> Abdomen <input type="checkbox"/> Stomach
<input type="checkbox"/> Skin <input type="checkbox"/> Genito-Urinary <input type="checkbox"/> Blood Presume | 16. Have you ever lost time from work for injuries sustained? <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 7. Loss of use of any of the following: <input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> Back <input type="checkbox"/> Hands <input type="checkbox"/> Arms <input type="checkbox"/> Fingers <input type="checkbox"/> Feet <input type="checkbox"/> Legs | 17. Were you ever advised to have any medical treatment or operation which you have not had performed? <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 8. Have you ever had an operation? <input type="checkbox"/> Yes <input type="checkbox"/> No | 18. Do you have any disability or handicap? <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 9. Have you ever had a serious illness or injury? <input type="checkbox"/> Yes <input type="checkbox"/> No | 19. Have you ever received Unemployment Compensation? <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 10. Have you been in the hospital in the past five years? . <input type="checkbox"/> Yes <input type="checkbox"/> No | |

22. EDUCATION

Circle highest grade completed. Grades: 1 2 3 4 5 6 7 8 9 10 11 12 College: 1 2 3 4

<u>Name of School</u>	<u>Location</u>	<u>Graduation Date</u>	<u>Major</u>
Elementary _____			
High School _____			
College _____			
Other _____			

23. MILITARY

Have you ever served in the Armed Forces? Yes No What Branch? _____

Rank at discharge: _____ Dates of Duty: From _____ to _____

If now in Guard or Reserves, list rank and name of organization: _____

List any special training or courses taken while in military service: _____

24. PAST EMPLOYMENT (List last or present employer first. All information must be filled out completely and accurately, with names, dates and phone numbers.)

Employer: _____ Address: _____

Dates employed: from _____ to _____ Rate Rec's: \$ _____

Supervisor: _____ Your Job: _____

Why did you leave? _____

Employer: _____ Address: _____

Dates employed: from _____ to _____ Rate Rec's: \$ _____

Supervisor: _____ Your Job: _____

Why did you leave? _____

Employer: _____ Address: _____

Dates employed: from _____ to _____ Rate Rec's: \$ _____

Supervisor: _____ Your Job: _____

Why did you leave? _____

May we contact your present or past employers? Yes No If you have been disciplined for any reason by a prior employer, or discharged from a previous job, explain circumstances fully:

25. References: List your references including the person in the best position to judge the work of your most recent employment.

NAME	POSITION	ADDRESS	PHONE

