

# S & K STEEL, INC.

5201 Florin-Perkins Road  
 Sacramento, CA 95826  
 PH: (916) 381-5359 Fax: (916) 381-5397

## APPLICATION FOR EMPLOYMENT

(An Equal Opportunity Employer)

Personal Information Date _____	Social Security Number - -			
Name (last) _____ (first) _____ (Middle) _____	Last			
Present Address (street) _____ (city) _____ (state) _____ (zip) _____				
Permanent Address (street) _____ (city) _____ (state) _____ (zip) _____	First			
Phone No. _____ If related to anyone in our employ, state name and relation (omit spouse). _____ Referred By _____				
Employment Desired Position _____ Date you can start _____ Salary desired _____	Middle			
Are you employed now? _____ If so may we inquire of your present employer? _____				
Ever applied to this company before? _____ When _____	Middle			
The Age Discrimination in Employment Act of 1967 prohibits discrimination on the basis of age with respect to individuals who are 40 years of age or older.				

Education	Name & Location of School	Did you Graduate?	Subjects Studied
Grammar School	_____	_____	_____
High School	_____	_____	_____
College	_____	_____	_____
Trade, business, correspondence	_____	_____	_____

Subjects of special study or research work \_\_\_\_\_

What foreign languages do you speak fluently? \_\_\_\_\_ Read \_\_\_\_\_ Write \_\_\_\_\_  
 Activities: civic, athletic, etc. \_\_\_\_\_

(exclude organizations, the name or character of which indicates the race, creed, sex, marital status, age, color or national origin of its members)

Have you ever been convicted of a felony? \_\_\_\_\_ If yes, when \_\_\_\_\_

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# S & K STEEL, INC.

**Former Employers** (list below last four employers, starting with last one first)

Date: Month & Year	Name & Address of employer	Salary	Position	Reason for leaving
From				
To				
From				
To				
From				
To				
From				
To				

**References:** Give below the names of three persons not related to you, whom you have known at least one year.

Name	Address	Business	Years acquainted
1			
2			
3			

In case of  
Emergency notify:

Name	
Address	Phone No.

I authorize investigation of all statements contained in this application. I understand that misrepresentation or omission of facts called for is cause for dismissal. Further, I understand and agree that my employment is for no definite period and may, regardless of the date of payment of my wages and salary, be terminated at any time without any previous notice.

Date: \_\_\_\_\_ Signature \_\_\_\_\_

Do not write below this line

Interviewed by \_\_\_\_\_ Date \_\_\_\_\_

REMARKS:

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Ability:

Hired	Position	Will report	Salary/ Wages
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Approved: 1.	2.	3.
Employment Manager	Dept. Head	General Manager