

## Application for Employment

Today's Date: \_\_\_\_\_

Position Applying For: \_\_\_\_\_ Referred By: \_\_\_\_\_

Desired Pay: \$ \_\_\_\_\_ Willing To Travel:  Yes  No

Social Security No.: \_\_\_\_\_ Driver's License No.: \_\_\_\_\_

Full Name: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ ST: \_\_\_\_\_ Zip: \_\_\_\_\_ County: \_\_\_\_\_

Mailing Address: \_\_\_\_\_ City: \_\_\_\_\_ ST: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Phone Number: \_\_\_\_\_ Cell Phone Number: \_\_\_\_\_

**Email Address:** \_\_\_\_\_

If related to anyone in our employment state name: \_\_\_\_\_

**Occupational Cards:**      TWIC Card:      Yes      No      Basic Plus:      Yes      No

Any other occupational card(s) you may have: \_\_\_\_\_

**List any past experience:**

<b>Torch Worker</b>	Yes	No
Example/Types: _____		
<b>Laborer</b>	Yes	No
Example/Types: _____		
<b>Scrap Handler</b>	Yes	No
Example/Types: _____		
<b>Equipment Operator</b>	Yes	No
Example/Types: _____		

This job requires heavy lifting, 50 pounds or more over your head on a daily basis. Is there any reason you would not be capable of performing this task?    Yes    No

This job requires you to wear safety equipment, including a respirator. Is there any reason you could not wear these items?    Yes    No

This job requires working outdoors, in temperatures of over 100° wearing fire retardant clothing. Is there any reason you would not be capable of working in these conditions?    Yes    No



All accidents and/or incidents must be reported immediately. Reports must be made to the Supervisor the day of the accident/incident. If you fail to do so, claims cannot be honored, as the insurance carries must have the report the same day the accident/incident occurs.

**List most recent job experience:**

<i>Company Name</i>	<i>Contact Person</i>	<i>Phone No.</i>	<i>Dated Started</i>	<i>Date Stopped</i>	<i>Position Held</i>	<i>Reason for Leaving</i>

Hobbies, Interests or Other Information you may want us to know: \_\_\_\_\_  
\_\_\_\_\_

**AT WILL EMPLOYMENT POLICY**

**THE EMPLOYMENT RELATIONSHIP BETWEEN THE COMPANY AND THE EMPLOYEE IS AN AT WILL RELATIONSHIP. THE EMPLOYMENT RELATIONSHIP AND COMPENSATION CAN BE TERMINATED, WITH OR WITHOUT CAUSE, AND WITH OR WITHOUT NOTICE AT ANY TIME, AT THE OPTION OF EITHER THE COMPANY OR THE EMPLOYEE.**

"I certify that the facts contained on this application are true and complete to the best of my knowledge and understand that, if employed, falsified statements on this application shall be grounds for dismissal."

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

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

## Consent and Authorization for Release of Information

In connection with my application for, or employment (including contract for services) with Midwest Steel Company, Inc. ("The Company"), I authorize The Company and its customers, service providers and agents to solicit information about my employment, education, consumer credit history, driving record, criminal record, social security history, and general public records history.

I also authorize the procurement of an investigation consumer report, including but not necessarily limited to information listed above. I understand that such an investigation report may contain information about my mode of living, character, and personal reputation, and that I am entitled to be advised of the nature and scope of the investigation requested with a reasonable time after I ask in writing for this information.

I release The Company, its respective employees and agents, and all persons and entities providing information about me from any and all liabilities arising out of the release of any such information or reports.

NCMS (National Compliance Management Service, Inc.) has the right to receive/review the background check report.

I authorize and understand that The Company may periodically update the background check and that I agree and that I shall immediately inform The Company of any conviction for a criminal offence arising subsequent to completion of the initial background check. I understand that failing to update The Company to a new conviction may result in their removal from client's jobsites that require background checks.

**Print Name:** \_\_\_\_\_

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

Personal Data: Please complete the following information

Date of Birth: \_\_\_\_\_

Place of Birth: \_\_\_\_\_

Social Security Number: \_\_\_\_\_

Have you ever used another name? If so, list names here: \_\_\_\_\_



## Drug and Alcohol Testing Consent Form

- I understand that I am subject to drug and /or alcohol testing to include DOT physicals and testing.
- I understand that I am subject to random searches.
- I understand that I am now being asked to provide a specimen of my breath, blood, hair, oral fluids and/or urine for the purpose of determining the presence of drugs and/or alcohol in my body system(s).
- I understand if I test positive for drugs or alcohol or refuse to be tested, I will be removed from and/or prevented from entering company and customer's premises.
- I hereby consent to provide specimens of my breath, blood, hair, oral fluids and/or urine.
- I also authorize my employer and employer's agent(s) to have continued access to the specimens in case further analysis is required, to obtain the results of all test made of the specimens, and to communicate concerning these results with the testing agency.
- I hereby consent to disclosure by Midwest Steel Co., Inc. and its agents, including, but not limited to any collecting and testing agencies of the test results identified above and related information to Midwest Steel's clients and their authorized agents, assigns, or representatives.

Name (print): \_\_\_\_\_ SS # (last 4 only): \_\_\_\_\_

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



Client ID: 4842  
Client Name: Midwest Steel Company, Inc.

**DISA Background Screening Consent Form  
NABSC and Reciprocal Consortiums**

**DISA Contractors Consortium, 12600 Northborough Drive Ste 300, Houston, TX 77067**

**NOTICE AND ACKNOWLEDGEMENT FOR BACKGROUND INVESTIGATION  
IMPORTANT -- PLEASE READ CAREFULLY BEFORE SIGNING ACKNOWLEDGMENT**

Your employer may obtain information about you from a consumer reporting agency for employment or other permissible purposes. Thus, you may be the subject of a "consumer report" and/or an "investigative consumer report" which may include information about your character, general reputation, personal characteristics, and/or mode of living. These reports may include employment history and reference checks, motor vehicle history ("driving records"), sex offender status, Social Security Verification/Trace, national criminal database searches, and Terrorist Watch list information. These reports may be obtained at any time after receipt of your authorization and, if you are hired, throughout your employment.

These reports will be reported to the employer of record. Information in these reports may result in restricting your access to some Owner's facilities who are participating in the North American Background Screening Consortium (NABSC) or the DISA Contractor Consortium. **For more information on the NABSC Program, refer to the NABSC program description.**

The information in the consumer report will be used to generate a background screen grade. Each Owner participating will provide the maximum background screen grade that will be allowed for Contractor Employees to be eligible for access to that Owner's site. DISA Global Solutions, Inc or the NABSC Program Lookup Application will compare the Owner's requirements to the background screen grade provided by DISA Global Solutions, Inc, Inc to classify you with either an Active or Inactive status for that Owner's site.

- If you do not meet a particular Owner's background screen security requirements, you will be classified as **Inactive** for that Owner's site.
- If you meet a particular Owner's background screen security requirements, you will be classified as **Active** for that Owner's site.

If you have an **Active** status for an Owner's site, you will be eligible for access to that Owner's property. However, any Owner reserves the right to allow or deny access without regard to background screening eligibility.

You have the right, upon written request made within a reasonable time after receipt of this notice, to request disclosure of the nature and scope of any investigative consumer report. Please be advised that the nature and scope of the most common form of investigative consumer report obtained with regard to applicants or employees is an investigation into your employment history conducted by DISA Global Solution, Inc (12600 Northborough #300, Houston, TX, 77067 (800)752-6432) or another outside organization. The scope of this notice and authorization is all-encompassing, however, allowing the employer to obtain from any outside organization all manner of consumer reports and investigative consumer reports now and throughout the course of your employment with the employer to the extent is permitted by law. As a result, you should carefully consider whether to exercise your right to request disclosure of the nature and scope of any investigative consumer report. Owners, Contractor Employers and reciprocal Safety Councils participating in the NABSC Program and DCC will have access to verify your background screen security status (**Active** or **Inactive**) for a particular Owner site.

**Participating Owners and reciprocal Safety Councils will not have access to the details of the background report without additional authorization by you.**

**ACKNOWLEDGMENT AND AUTHORIZATION**

I acknowledge receipt of the SUMMARY OF YOUR RIGHTS UNDER THE FAIR CREDIT REPORTING ACT and certify that I have read and understand both of those documents. I hereby authorize the obtaining of "consumer reports" and/or "investigative consumer reports" at any time after receipt of this authorization and for a period of two years from the completion of the background screen. I further authorize and direct DISA to make available my subsequent background screen grade to the NABSC Program Lookup Application or any other Owner participating in a DISA Background Screening Consortium for the purpose of determining my eligibility for access to Owner's facilities. To these ends, I hereby authorize, without reservation, any law enforcement agency, administrator, state or federal agency, institution, school or university (public or private), information service bureau, employer, insurance company, or any other source to furnish any and all background information requested by DISA, another outside organization acting on behalf of DISA, the NABSC Program Custodian, and/or the employer itself. I agree that a facsimile ("fax"), electronic or photographic copy of this Authorization shall be as valid as the original.

**Please Note: This form does not place a background order.**

**Applicant Name:** \_\_\_\_\_ **Applicant SSN:** \_\_\_\_\_  
**Witness:** \_\_\_\_\_ **Location:** \_\_\_\_\_

<b>Signature:</b> _____	<b>Date:</b> _____
<b>Witness:</b> _____	<b>Date:</b> _____



UNIVERSAL MEMBERSHIP APPLICATION

DISA Contractors Consortium, 12600 Northborough Drive STE 300, Houston, TX 77067

**Employee\Donor Information**

Last Name _____	First Name _____	Middle Name _____
Social Security Number _____	Home Phone Number _____	
Location\Cost Center Code _____	Collection Site Code _____	Client Name _____

**Employee Signed Consent:**

\_\_\_\_\_  
Signature

**Date Signed:**

\_\_\_\_\_

I have received and/or reviewed a copy of the DISA Contractors Consortium Substance Abuse policy and/or North American Substance Abuse Program Policy and/or the Hair Testing Substance Abuse Program. I apply for membership in the DISA Contractor Consortium (DCC) and/or North American Substance Abuse Program (NASAP) and/or the Hair Testing Substance Abuse Program under the sponsorship of the Company Member indicated above. I agree, upon acceptance, to abide by all DCC and/or NASAP policies and/or Hair Testing Substance Abuse Program, rules and regulations. I authorize the DCC to release my drug and/or alcohol test results to the Company Member for which I worked at the time I was tested and/or the Company Member which required me to take a post-offer of employment drug and/or alcohol test. I also authorize the DCC to release information about my status in the DCC to those Companies on whose premises I seek to work or am currently working. I also authorize the DCC to release DCC Status, test results, and other program activity to the North American Contractors Safety Council through the NASAP with the understanding that this status may be shared with those companies participating in the NASAP. This release expires five years after the latest date on which I was no longer an "active" member of the Consortium. I understand that I have a right to receive a copy of this authorization.

THIS FORM MUST BE SIGNED BY THE APPLICANT PRIOR TO BEING PROCESSED.