



EMPLOYMENT APPLICATION

Samuel, Son & Co. ("Samuel") is an equal opportunity employer. Individuals seeking employment are considered without regards to race, color, religion, national origin, age, sex, marital status, ancestry, physical or mental disability, veteran status, or sexual orientation. Samuel will provide reasonable accommodation to qualified individuals with disabilities. Applicants are encouraged to contact human resources if they need an accommodation to complete this application or to participate in the interview process.

This application is considered current for sixty (60) days only. At the end of this period, if you are still interested in employment, it will be necessary for you to reapply by completing a new application.

THIS APPLICATION DOES NOT CREATE A CONTRACT OF EMPLOYMENT NOR DOES IT GUARANTEE EMPLOYMENT WITH SAMUEL.

**4589 Johnston Parkway, Cleveland, OH 44128
1400 Enterprise Parkway, Twinsburg, OH 44087**

Email: resumes@samuelsteel.com

Fax: 330-963-0770

Please print your responses.

IDENTIFICATION

Date: _____

Last Name: _____ First Name: _____ Middle Initial: _____

Present Address: _____

City: _____ State: _____ Zip Code: _____

Home Phone: _____ Cell Phone: _____ Email: _____

Permanent Address (if different from above): _____

Are you 18 years of age or older? Yes No Are you currently eligible to work in the U.S., and authorized to work for this Company on an ongoing indefinite basis? Yes No

Will you now or in the future require sponsorship by this Company to attain or maintain your employment eligibility?
 Yes No

Referred by: _____

Permanent Address (if different from above): _____

Have you worked for Samuel before? Yes No If yes, when? _____ Position _____

Have any relatives worked for Samuel? Yes No If yes, please identify: _____

Are you currently subject to a non-compete or employment agreement with another employer? Yes No

In Case of Emergency Notify: _____ Phone: _____

EDUCATION

Level	Name	Location	Did You Graduate?		GPA / Class Rank	Degree/Major/ Course of Study
			Yes	No		
High School						
College						
Other						
Other						

PRIOR EMPLOYMENT

List employment information for your last three employers, beginning with the most recent. You may include any verified work performed as a volunteer.

Employer # 1	Company Name: _____ Address: _____ Phone Number: _____ Manager/Supervisor Name: _____ Position Held: _____ Start Date: _____ End Date: _____ Reason for Leaving: _____ May Samuel contact this employer? <input type="checkbox"/> Yes <input type="checkbox"/> No
Employer # 2	Company Name: _____ Address: _____ Phone Number: _____ Manager/Supervisor Name: _____ Position Held: _____ Start Date: _____ End Date: _____ Reason for Leaving: _____ May Samuel contact this employer? <input type="checkbox"/> Yes <input type="checkbox"/> No
Employer # 3	Company Name: _____ Address: _____ Phone Number: _____ Manager/Supervisor Name: _____ Position Held: _____ Start Date: _____ End Date: _____ Reason for Leaving: _____ May Samuel contact this employer? <input type="checkbox"/> Yes <input type="checkbox"/> No

MILITARY SERVICE

Branch	Dates of Active Duty		Highest Rank and Duties
	From	To	

EMPLOYMENT DESIRED

Position(s) Desired _____

Salary or Wage Desired _____ Date Available to Begin Work _____

Are you willing to work overtime? Yes No Are you willing to work weekends? Yes No

Are you willing to work any shift? Yes No

If no, what shifts are you willing to work? First Shift Second Shift Third Shift

Special Skills/Qualifications/Training _____

Job-Related Professional or Technical Organization Memberships (**excluding any organization that would indicate the race, sex, marital status, disability, religion or national origin of applicant**) _____

Note: Samuel complies with the Americans with Disabilities Act and state disability laws and will strive to implement measures needed to reasonably accommodate qualified applicants and employees to perform the essential functions of a job.

LICENSES AND CERTIFICATES

(Any type of license or certification, for example driver's license or forklift, etc.)

Do you have a license or certificate for the position desired? Yes No

Name of License/Certificate _____ Number: _____

State of Issuance _____ Date license obtained _____

Has the license or certificate been suspended or revoked at any time? Yes No

If yes, please specify the grounds, date of action and the date of reinstatement: _____

REFERENCES

List at least two business references.

Name	Address	Phone Number	Relationship	Years Acquainted

May we contact references? Yes No

AUTHORIZATION:

Please fully read and understand the text below, initial separately at each paragraph, and date and sign at the bottom:

___ 1. I acknowledge and attest that I have completed this application for employment personally and that all the answers supplied in this application are complete and accurate. I acknowledge and attest that I have not intentionally omitted or failed to disclose any data that may reduce my prospects for employment with Samuel. I acknowledge, attest and agree that any omission or failure to disclose relevant information shall cause Samuel to reject the application or, if I am hired, immediately terminate my employment, no matter how much time has passed before Samuel learns such information.

___ 2. Samuel is a drug-free workplace. All applicants will be tested for the presence of drugs prior to hire. Any applicant who refuses to submit to drug testing, refuses to sign the consent form, fails to appear for testing, tampers with a test, or fails to pass the pre-employment confirmatory drug test will not be hired and, unless otherwise required by law, will be ineligible for hire. Any offer of employment is a conditional offer of employment pending successful completion of a drug screening.

___ 3. Except for any current or previous employers for whom I checked "no," I authorize Samuel to research and investigate, through the references I have supplied and any other lawful channel, my employment history, education, skills, performance records, background and any other matter related to my qualifications for the position applied for. I similarly authorize the references I have supplied to disclose to Samuel – and without any notice to me of such disclosure – any and all reports, transcripts, letters and other records and documents related to my past work, education and any other matter related to my qualifications for employment. Further, I hereby release Samuel, all my past and present employers, all my past educational institutions and all other individuals, corporations, partnerships and organizations from any and all claims, demands, and/or suits relating to such disclosure.

___ 4. I acknowledge and agree that nothing in this application and nothing in communications between me and company representatives or associates during the application, interview and/or testing process is intended to create an offer of employment or a contract of employment between Samuel and me. I further acknowledge and agree that if hired by Samuel, nothing in this application and nothing in communications between Samuel representatives or associates and me during the application, interview and/or testing process and nothing in my employment is intended to create or should be construed to create anything other than employment for no definite or determinable period and employment that may be terminated by either Samuel or me at any time, for any reason or no reason at all and without prior notice. I further acknowledge that if offered employment, my employment will be at-will and no promises or representations contrary to the employment at-will relationship will be binding on Samuel unless stated in writing and signed by an authorized Samuel representative.

___ 5. From time to time, as an employee of Samuel, I may be informed of confidential affairs of Samuel, such as "know how", trade secrets, inventions, research projects, plans for the future of Samuel and others: I hereby agree to refrain from disclosing said affairs to other than Samuel employees authorized to receive such information, so long as the affairs remain confidential, both during and after my employment with Samuel.

___ 6. I agree that all inventions made or improved by me during my employment with Samuel belong to Samuel and I agree that I will: (a) Promptly disclose the inventions to Samuel; (b) Assign and sign all papers required to assign to Samuel without additional compensation, the entire rights to the inventions for the United States and all foreign countries; and (c) Give testimony, without expense to me, as requested by Samuel relating to said inventions. "Inventions" as used herein means all Inventions or improvements conceived or made by me (the employee) during my employment with Samuel. It does not apply to an invention for which no equipment, supplies, facility or trade secret information of Samuel was used and which was developed entirely on my own time, unless the invention relates to the business of Samuel or to Samuel's actual or demonstrably anticipated research or development, or the invention results from any work performed by me for Samuel.

FOR CALIFORNIA APPLICANTS: I RECOGNIZE THAT I MAY WAIVE MY RIGHT TO RECEIVE A COPY OF ANY PUBLIC RECORD OBTAINED BY THE COMPANY WHEN CONDUCTING A BACKGROUND INVESTIGATION OF ME PER THE REQUIREMENTS OF CALIFORNIA'S INVESTIGATIVE CONSUMER REPORTING AGENCIES ACT (CALIFORNIA CIVIL CODE § 1786, ET SEQ.). I MAY WAIVE MY RIGHT BY CHECKING THIS BOX: I DO NOT WISH TO RECEIVE A COPY OF ANY PUBLIC RECORDS OBTAINED BY THE COMPANY ABOUT ME THROUGH NON-ICRA SOURCES.

FOR MARYLAND APPLICANTS: UNDER MARYLAND LAW, AN EMPLOYER MAY NOT REQUIRE OR DEMAND, AS A CONDITION OF EMPLOYMENT, PROSPECTIVE EMPLOYMENT OR CONTINUED EMPLOYMENT, THAT AN INDIVIDUAL SUBMIT TO OR TAKE A LIE DETECTOR OR SIMILAR TEST. EMPLOYER WHO VIOLATES THIS LAW IS GUILTY OF A MISDEMEANOR AND SUBJECT TO A FINE NOT EXCEEDING \$100.

FOR MASSACHUSETTS APPLICANTS: IT IS UNLAWFUL IN MASSACHUSETTS TO REQUIRE OR ADMINISTER A LIE DETECTOR TEST AS A CONDITION OF EMPLOYMENT OR CONTINUED EMPLOYMENT. AN EMPLOYER WHO VIOLATES THIS LAW SHALL BE SUBJECT TO CRIMINAL PENALTIES AND CIVIL LIABILITY..

FOR RHODE ISLAND APPLICANTS: IF YOU PROVIDE FALSE INFORMATION ABOUT YOUR ABILITY TO PERFORM THE ESSENTIAL FUNCTIONS OF THE JOB, WITH OR WITHOUT ACCOMMODATIONS, YOU MAY BE BARRED FROM FILING A CLAIM UNDER the provisions of the Workers' Compensation Act of the State of Rhode Island.

Date: _____ **Signature:** _____

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