ROSS CASTING AND INNOVATION, LLC

APPLICATION FOR EMPLOYMENT

Date*

Applications not filled out completely to the best of your ability will be rejected.

This Company is an equal opportunity employer. No question on this application is asked for the purpose of excluding any applicant's consideration for employment because of race, color, religion, sex, age, national origin, veteran's status, or visual, aural, mental or physical handicap. ANY APPLICANT WILL BE IMMEDIATELY REJECTED FOR EMPLOYMENT OR, IF HIRED, TERMINATED WITHOUT NOTICE FOR GIVING FALSE INFORMATION ON THIS APPLICATION OR FAILING TO ACCURATELY PROVIDE INFORMATION REQUESTED. IF HIRED, EMPLOYMENT IS NOT FOR FIXED TERM AND THE COMPANY OR EMPLOYEE CAN TERMINATE EMPLOYMENT AT ANY TIME.

NAME: Last First M.I.

Home Phone No: Include Area Code

List all other names you go by or are known by:

Present Address: Street Address

Social Security No.: XXX-XX- *last four digits only*

City State Zip

Position Applying For:

Wage Expected: $ per Hourly

If hired, can you provide proof of age? ☐ Yes ☐ No

(An offer of employment, if made, will be subject to verification that applicant's age meets legal requirements.)

Are you on layoff and subject to recall? ☐ Yes ☐ No

Have you ever been employed by any Ross Aluminum Division? ☐ Yes ☐ No

If yes, when and what plant?

Do you have any friends or family that work here? ☐ Yes ☐ No

If yes, list names:

How many days were you absent during your last 12 months of employment? Days

(Include time off for illness, injury, personal reasons, etc.)

If hired, would you be able to work: ☐ Full Time ☐ Part-Time ☐ Any Shift ☐ Overtime

(Check as many as applicable.)

Are you now working more than one job? ☐ Yes ☐ No

If yes, please explain:

Do you have ANY physical or mental limitations which may cause you difficulty in performing work for which you are applying for? ☐ Yes ☐ No

If yes, what are possible means of accommodation:

EMPLOYMENT HISTORY -- Must be detailed and accurate or you will be disqualified.

May we contact your present employer? ☐ Yes ☐ No

List all present and past employers beginning with the most recent:

Company Name				Duties Performed	
Street Address				Reason for Leaving	
City		State		Supervisor Name	
Phone					
From Date (MM/YY)		To Date (MM/YY)			
Starting Pay Scale		Per (Hr/Salary)	Hourly	Ending Pay Scale	

Company Name				Duties Performed	
Street Address				Reason for Leaving	
City		State		Supervisor Name	
Phone					
From Date (MM/YY)		To Date (MM/YY)			
Starting Pay Scale		Per (Hr/Salary)	Hourly	Ending Pay Scale	

Company Name				Duties Performed	
Street Address				Reason for Leaving	
City		State		Supervisor Name	
Phone					
From Date (MM/YY)		To Date (MM/YY)			
Starting Pay Scale		Per (Hr/Salary)	Hourly	Ending Pay Scale	

* This application for employment will remain under consideration for 90 days

Please summarize any other experiences, skills or qualifications we should consider:

QUESTIONS WITH A 'X" ARE MANDATORY TO INDICATE A BONA-FIDE OCCUPATIONAL QUALIFICATION

[X]Are you over 18 years of age? ☐ Yes ☐ No

[X]Do you have a valid driver's license? ☐ Yes ☐ No

[ ]Have you ever had your driver's license suspended or revoked? ☐ Yes ☐ No

If yes, please explain:

[X]What prompted your application? ☐ Advertisement ☐ Own Accord ☐ Employee Referral ☐ Other

Name of employee who referred you:

[X] Have you had military service in the Armed Forces of the U.S.A? ☐ Yes ☐ No

If yes, please explain:

[X]Have you been convicted of a crime under your own or another name? ☐ Yes ☐ No

(Do not include traffic tickets.)

If yes, give:

Name: Date:

Place: Charge:

Disposition of Case:

(NOTE: Conviction of a crime or crimes will not necessarily disqualify you from employment. Employment is not available to those who trespass upon this employer's property.)

EDUCATION

Type of School	Name and Address	Graduated Yes	Graduated No	Major/Minor Courses Taken	Degree
[X] High School					
[ ] College					
[ ] Graduate Work					
[ ] Trade or Business					
[ ] Correspondence					

List hobbies and interests:

What office or shop machines have you operated?

Have you ever been fired or asked to resign? ☐ Yes ☐ No

If yes, please explain:

[ ] If your application is considered favorably how much notice will you require and on what date would you be available for work?

AFFIDAVIT: Please read carefully.

I hereby affirm and declare that all of the foregoing statements are true and correct, and that I have not knowingly withheld any fact that would, if disclosed, affect my application unfavorably, and I hereby authorize the Company to conduct any investigation it deems necessary on this application. I also hereby authorize this Company to release such information together with their opinions on these matters without any liability for any damage whatsoever caused either directly or indirectly by giving or receiving this information or opinions. I authorize my former and present employers, (unless otherwise indicated), to give any information they may have concerning my employment record. It is understood that false statements on this application may be considered as sufficient cause for rejection of this application, or dismissal if already employed by the Company.

I also understand and agree that, if hired, my employment is for no definite period and may, regardless of the date of payment of my wages, be terminated for any reason or no reason at any time at the sole discretion of the Company without prior notice. I agree to abide by all present and subsequently issued rules and policies of the Company. I hereby fully release the Company, its agents and any person or entity that provides or receives information pursuant to this Affidavit from any liability and any damage which may arise there from.

ATTENTION APPLICANT: The Immigration Reform and Control Act states that all job offers are dependent upon proof of legal right to work in the United States. Also, successful completion of a job related physical examination and/or substance abuse screening is required as a condition of employment. This application will be kept under active consideration for no more that 30 days from the date of application as shown below,

APPLICANT'S SIGNATURE: _____ DATE: _____

Send Via-Email * This application for employment will remain under consideration for 90 days