

Application for Employment



Please Print

Indiana Tube is an Equal Opportunity Employer and abides by all applicable local, State and Federal laws prohibiting discrimination on the basis of any protected status. Any applicant who requires a reasonable accommodation with regard to the application and/or interview process should notify a representative of the Human Resources Department.

Name _____ Social Security # _____
 Last First Middle - -
 Address _____
 Street City State Zip Code
 Telephone # () _____ Mobile/Beeper/Other Phone# () _____ E-Mail Address _____
 Position(s) applied for _____ Date of Application ____/____/____

In order to permit a check of your work and education records, are there any other names that you have previously used? Yes No
 If yes, identify names and relevant dates: _____

Please list all previous places of residence (if different than current residence) for the past three years (use separate sheet if necessary):
 1. _____ How long? _____
 2. _____ How long? _____
 3. _____ How long? _____

Referral Source (Please check the appropriate category and name the source.)

- Walk-in _____
- Employee _____
- Advertisement _____
- ITC's website _____
- Other Internet _____
- School _____
- Job Fair _____
- Staffing Agency _____
- Government Employment Agency _____
- Other _____

If necessary, best time to call you at home is _____ : _____ AM
 _____ PM
 May we contact you at work?..... Yes No
 If yes, work number and best time to call:
 () _____ : _____ AM
 _____ PM

If you are under 18 and it is required, can you furnish a work permit?..... Yes No
 If no, please explain _____

Have you ever submitted an application here before?..... Yes No
 If yes, give date(s) and position(s) _____

Have you ever before been employed by or applied with ITC or any affiliated entity?..... Yes No
 If yes, give dates From ____/____/____ To ____/____/____

Will you travel if job requires it?..... Yes No
 If they have been explained to you, are you able to meet the attendance requirements of the position?..... N/A Yes No
 Will you work overtime if required?..... Yes No
 If no, please explain _____

Answering "yes" to the following question does not constitute an automatic bar to employment. Factors such as date of the conviction, seriousness and nature of the violation, rehabilitation and position applied for will be taken into account (Note: an applicant with a "sealed record" or adjudications in cases of delinquency or as a child in need of services, which did not result in criminal prosecution, may answer "no" to the following question).

Have you ever been convicted of a felony (do not include any matter which resulted in diversion program participation, or an expunged or sealed record)?..... Yes No
 If yes, please provide date(s) and details _____

Are you legally eligible for employment in this country?..... Yes No

Date available for work..... / /

What is your desired salary range or hourly rate of pay?
\$ _____ Per _____

Type of employment desired: Full-Time Part-Time Temporary

Employment History

Please give an accurate, complete full-time and part-time employment record. Include all job-related military service assignments. You may include in your employment history any verified work performed on a volunteer basis. Start with your current employer (or most recent employer if not employed) and account for all periods of unemployment. Use a separate sheet if necessary.

EMPLOYER	Telephone # ()	Month	Year	Month	Year
Street Address	City	Dates Employed: / to /			
		Compensation (Starting)			
Starting job title/final job title		<input type="checkbox"/> Hourly	<input type="checkbox"/> Salary	\$	per
Immediate supervisor and title (for most recent position held)		Commission/Bonus/Other Compensation \$			
May we contact for reference? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Later		Compensation (Final)			
Why did you leave?		<input type="checkbox"/> Hourly	<input type="checkbox"/> Salary	\$	per
		Commission/Bonus/Other Compensation \$			
Summarize the type of work performed and job responsibilities.					
What did you like most about your position?					
What were things you liked least about the position?					

EMPLOYER	Telephone # ()	Month	Year	Month	Year
Street Address	City	Dates Employed: / to /			
		Compensation (Starting)			
Starting job title/final job title		<input type="checkbox"/> Hourly	<input type="checkbox"/> Salary	\$	per
Immediate supervisor and title (for most recent position held)		Commission/Bonus/Other Compensation \$			
May we contact for reference? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Later		Compensation (Final)			
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Immediate supervisor and title (for most recent position held)		Commission/Bonus/Other Compensation \$			
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Why did you leave?		<input type="checkbox"/> Hourly	<input type="checkbox"/> Salary	\$	per
		Commission/Bonus/Other Compensation \$			
Summarize the type of work performed and job responsibilities.					
What did you like most about your position?					
What were things you liked least about the position?					

EMPLOYER	Telephone # ()	Month / Year	Month / Year
Street Address	City	State	
Starting job title/final job title		Commission/Bonus/Other Compensation \$	
Immediate supervisor and title (for most recent position held)	May we contact for reference? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Later	Compensation (Starting)	
Why did you leave?		Compensation (Final)	
Summarize the type of work performed and job responsibilities.		Commission/Bonus/Other Compensation \$	
What did you like most about your position?			
What were things you liked least about the position?			

Employment History: Additional Questions

Explain any gaps in your employment other than those due to personal illness, injury or disability. _____

If not addressed on previous page, have you ever left involuntarily, been fired or asked to resign from a job?..... Yes No
 If **yes**, please provide date(s) and details _____

Have you ever been accused of negligence, misconduct, harassment, theft, or any act of dishonesty in any prior employment Yes No
 If **yes**, please provide date(s) and details _____

Skills and Qualifications

Please use the space below for any additional information necessary to describe your full qualifications (*i.e.*, specialty areas such as special equipment, computer software programs, additional foreign languages known, etc.).

Education and Training (Include high school, college, graduate/professional, and trade or business schools. Use a separate sheet if necessary.)

Name of School and Address	No. of Years	Course/Major	Diploma/Degree

References

List name and telephone number of three business/work references who are *not* related to you and are *not* previous supervisors. If not applicable, list three school or personal references who are not related to you.

Name	Title	Relationship to You	Telephone	Number of Years Known
			()	
			()	
			()	

Related Information

To what job-related organizations (professional, trade, etc.) do you belong? (Exclude memberships that would reveal race, color, religion, sex, national origin, citizenship, age, mental or physical disability, veteran/reserve national guard, gender identity or expression, sexual orientation, marital status, or any other similarly protected status.)

Organization	Offices Held

List special accomplishments, publications, awards, etc. (Exclude information that would reveal race, religion, sex, national origin, citizenship, age, mental or physical disability, veteran/reserve national guard, gender identity or expression, sexual orientation, marital status, or any other similarly protected status.)

Except for vacations and holidays, how many work days were you absent during the past calendar year?

- 0-5 days
 6-10 days
 11-15 days
 16-20 days
 21+days

ITC has a policy and practice of assuring that the work environment is free from harassment and discrimination. Have you ever been accused of sexual or other harassment or employment discrimination?..... Yes No

If yes, please explain: _____

In case of emergency, notify: _____
Name
Address
Phone

Is there any other job-related information you want us to know about you? _____

NOTICE TO APPLICANTS: UNDER SOME STATE LAWS AND FEDERAL 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. AN EMPLOYER WHO VIOLATES THESE LAWS IS GUILTY OF A CRIMINAL OFFENSE AND IS SUBJECT TO FINES AND OTHER PENALTIES. WHX DOES NOT REQUIRE OR REQUEST SUCH TESTING.

Applicant Certification

I certify that all information I have provided in order to apply for and secure work with ITC or one of its subsidiaries or affiliates is true, complete and correct. I understand that any offer of employment I receive will be contingent on satisfactory completion of a background check and review of my references.

I expressly authorize, without reservation, ITC, its representatives, employees or agents to contact and obtain information from all references (personal and professional), employers, public agencies, licensing authorities and educational institutions and to otherwise verify the accuracy of all information provided by me in this application, resume or job interview. I hereby waive any and all rights and claims I may have against ITC, its subsidiaries and affiliates, its agents, employees or representatives, for seeking, gathering and using information, in the employment process and all other persons, corporations or organizations for furnishing such information about me.

I understand that employment with ITC may be contingent upon the satisfactory completion of a physical examination after an offer of employment is made to me. I consent to a post-offer physical examination, which will include a drug profile, and such future examinations as may be required.

I understand that this application remains current for only 30 days. At the conclusion of that time, I understand that if I have not heard from ITC and still wish to be considered for employment, it will be necessary for me to reapply and fill out a new application.

If I am hired, I understand that I shall be an at-will employee and I am free to resign at any time, with or without cause and with or without prior notice. I further understand that ITC has the same right to terminate my employment at any time, with or without cause and with or without notice, except as otherwise required by law. This application does not constitute an agreement or contract for employment for any specified period or definite duration. I also understand that this application is not an offer, statement, or confirmation of or for continued employment. I also understand that any employee handbook or manual does not represent an employment contract if I am hired, nor shall I consider it to be an offer, statement, or confirmation of any guaranteed terms or conditions of employment. I understand that no supervisor or representative of ITC is authorized to make any assurances to the contrary and that no implied oral or written agreements contrary to the foregoing express language are valid unless they are in writing and signed by ITC's CEO.

I also understand that if I am hired, I will be required to provide proof of identity and legal authorization to work in the United States and that federal immigration laws require me to complete an I-9 Form in this regard.

I understand that any information provided by me that is found to be false, incomplete or misrepresented in any respect, will result in: (i) my elimination from further consideration for employment; and/or (ii) if hired, the immediate termination of my employment, regardless of the date of discovery.

DO NOT SIGN UNTIL YOU HAVE READ THE ABOVE APPLICANT CERTIFICATION.

I certify that I have read, fully understand and accept and agree to all terms of the foregoing Applicant Certification.

Signature of Applicant _____ Date ____/____/____

DO NOT WRITE BELOW THIS LINE

Interviewed By: _____ Date: _____

Hire: Yes _____ No _____ Position: _____

Department: _____ Salary/Wage: _____

Date Reporting to Work: _____

Approved: 1. _____ 2. _____ 3. _____