



An Equal Opportunity Employer - All qualified applicants will receive consideration for employment without regard to age, race, color, religion, gender, sexual orientation, gender identity or expression, national origin, marital status, disability, genetic information, veteran status or any other characteristic protected by federal or state law.

PERSONAL INFORMATION

Incomplete information could disqualify you from further consideration. Please complete all fields. Please Print.

Name: Date: Date you can start work:

Address:

E-mail Address: Position Applied For:

Phone: Secondary Phone:

How did you learn about this position?

Table with 2 columns: Question, Yes, No. Rows include: Are you legally eligible to work in the United States?, Are you 18 years or older?, Can you work any shift?, Can you work overtime, including weekends?, Have you ever worked for this company before?, Do you know anyone who works for this company?, Have you ever been convicted of a felony?

If you answered yes to the above, please explain the date(s), circumstances and nature of the conviction:

If you are offered a position with Lone Star Specialties, you may be given a drug/alcohol test as a condition of employment. Your refusal to timely submit to a drug/alcohol test or your failure to pass such a test means you will not be employed by this company. Negative test results are required as a condition of employment. Understanding this, do you want to continue with the application?



WORK HISTORY

Yes No

Are you currently employed?

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If yes, may we contact your current employer:

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Employer: _____ Phone: _____

Address: _____

Supervisor's name and position: _____

Dates Employed: _____ Title: _____

Starting Wage: _____ Final Wage: _____

Job Duties: _____

Reason for Leaving: _____

Employer: _____ Phone: _____

Address: _____

Supervisor's name and position: _____

Dates Employed: _____ Title: _____

Starting Wage: _____ Final Wage: _____

Job Duties: _____

Reason for Leaving: _____

Employer: _____ Phone: _____

Address: _____

Supervisor's name and position: _____

Dates Employed: _____ Title: _____

Starting Wage: _____ Final Wage: _____

Job Duties: _____

Reason for Leaving: _____



EDUCATION

Table with 4 columns: Name & Location of School, No. of years attended, Degree Received, Subject Studied/Major. Rows include High School, College or University, Vocational, Trade or Business School, and Apprentice.

Do you have any relevant skills or experience for the position to which you are applying?

Yes No checkboxes

If yes, please explain:

Horizontal line for explanation

REFERENCES

Give the names of three people, not related to you whom you have known at least three years.

Table with 5 columns: Name, Address, Phone, Email, Relationship, Company, Years Acquainted. Rows 1, 2, 3.

- I hereby certify that I have not knowingly withheld any information that might adversely affect my chances for employment...
I further certify that I have personally completed this application...
I understand and agree that if I am employed, my employment will be "at-will"...
I further understand that any prior representation, whether expressed or implied to the contrary is hereby superseded...
I authorize investigation into all statements and references contained in this application...
If offered a position with the Lone Star Specialties, I hereby agree to any legally permitted physical, skill, drug or medical test...
I understand and agree that Lone Star Specialties acceptance of this job application does not mean that a position for which I am qualified is open...

I HAVE FULLY READ, UNDERSTAND, AND AGREE TO THE FOREGOING:

Signature: _____

Date: _____



VOLUNTARY SELF IDENTIFICATION

Lone Star Specialties is an equal opportunity employer. Applicants for employment are invited to report their status in certain affirmative action categories. In extending this invitation, we advise you that:

- Applicants are under no obligation to respond, but may do so in the future if they choose
- Responses will remain confidential within the human resources department and will not be included or retained with the employment application
- Responses will be used only as data for affirmative action purposes.

Refusal to provide this information will have no bearing on your application and will not subject you to any adverse treatment.

Name: _____ Position Applied For: _____ Date Completed: _____

Gender: Male Female

Race or Ethnic Identity:

Hispanic or Latino - A person of Cuban, Mexican, Puerto Rican, South or Central American or other Spanish culture or origin regardless of race.

White - A person having origins in any of the original peoples of Europe, the Middle East or North Africa.

Black or African American - A person having origins in any of the black racial groups in Africa.

Native Hawaiian or Other Pacific Islander - A person having origins in any of the peoples of Hawaii, Guam, Samoa or other Pacific Islands.

Asian - A person having origins in any of the original peoples of the Far East, Southeast Asia or the Indian Subcontinent.

American Indian or Alaska Native - A person having origins in any of the original peoples of North, South or Central America and who maintain tribal affiliation or community attachment.

Two or More Races - A person who identifies with more than one of the above races.

Veteran Status:

I am a protected veteran

Protected veteran means a veteran who may be classified as an active duty wartime or campaign badge veteran, disabled veteran, Armed Forces service medal veteran or recently separated veteran.

Active duty wartime or campaign badge veteran means a veteran who served on active duty in the U.S. military, ground, naval or air service during a war or in a campaign or expedition for which a campaign badge has been authorized under the laws administered by the Department of Defense.

Armed Forces service medal veteran means any veteran who, while serving on active duty in the U.S. military, ground, naval or air service, participated in a United States military operation for which an Armed Forces service medal was awarded pursuant to Executive Order 12985 (61 FR 1209, 3 CFR, 1996 Comp., p. 159).

Disabled veteran means (1) a veteran of the U.S. military, ground, naval or air service who is entitled to compensation (or who but for the receipt of military retired pay would be entitled to compensation) under laws administered by the Secretary of Veterans Affairs, or (2) a person who was discharged or released from active duty because of a service-connected disability.

Recently separated veteran means a veteran during the three-year period beginning on the date of such veteran's discharge or release from active duty in the U.S. military, ground, naval or air service.

I am not a protected veteran

I do not wish to self-identify