

APPLICATION FOR EMPLOYMENT

To Be Read and Signed By Applicant

It is agreed and understood that the applicant may terminate his/her employment with California Steel Services at any time, for any reason or no reason, and with or without notice to California Steel Services, unless otherwise agreed. It is also agreed and understood that California Steel Services may terminate the employment of the Applicant at any time, for any reason or no reason, and with or without notice. Employment with California Steel Services is for no specified term, unless agreed otherwise.

The applicant understands that this document supersedes all prior understandings or agreement of the parties. The applicant has not been induced to enter into employment by any other representation or warranty outside those expressly set forth in the document. The applicant and no one other than the president of California Steel Services have the authority to alter this policy of "at-will" employment. Further, any change of that policy must be in writing and signed by the president of California Steel Services.

California Steel Services takes very seriously any false or misleading information provided by applicants on a job application, resume, or related materials or other statements of fact submitted by job applicants to be considered for employment. Any oral or written statements, or documents supplied by a job applicant that contains false or misleading information, will result in California Steel Services' refusal to hire the applicant, and if discovered after employment begins, will result in immediate dismissal from employment.

My signature certifies that this application was completed by me, and that all entries on it and information in it are true and correct.

SIGNATURE

DATE

APPLICATION FOR EMPLOYMENT

CALIFORNIA STEEL SERVICES

DATE ____/____/____

| | | |
|------------------------------------|------------------------------------|---------------------------------|
| LAST NAME | FIRST NAME | M.I. |
| HOME ADDRESS | CITY | STATE ZIP |
| SOCIAL SECURITY # - - | TELEPHONE () | MESSAGE () |
| EMPLOYMENT CATEGORY: | SHIFT (If Applicable) | |
| FULL TIME <input type="checkbox"/> | PART TIME <input type="checkbox"/> | HOURLY <input type="checkbox"/> |
| | DAY <input type="checkbox"/> | NIGHT <input type="checkbox"/> |
| EMERGENCY CONTACT | NAME | TELEPHONE () |

1. Have you ever worked for California Steel Services? Yes ____ No ____
If yes, explain when and the reason for leaving:

2. Have you ever applied for employment at California Steel Services? Yes ____ No ____

3. If you are NOT a citizen of the United States, are you lawfully authorized to work in the United States? Yes ____ No ____

4. Were you referred to us by an agency or a friend? Yes ____ No ____
If yes, what agency or friend?

| SCHOOL | MAJOR/MINOR | DEGREE |
|---------------------------------|-------------|--------|
| NAME ADDRESS CITY & STATE | | |
| NAME ADDRESS CITY & STATE | | |
| NAME ADDRESS CITY & STATE | | |

APPLICATION FOR EMPLOYMENT

Employment Data

List all employment starting with your most recent position. If you were unemployed for any period state the nature of your activities. Please complete accurately and COMPLETELY.

| Company Name | Position & Duties | Reason for Leaving | Manager or Supervisor | Dates Employed |
|--------------|-------------------|--------------------|-----------------------|----------------|
| Name: | | | | |
| Address: | | | | |
| City/State: | | | | |
| Name: | | | | |
| Address: | | | | |
| City/State: | | | | |
| Name: | | | | |
| Address: | | | | |
| City/State: | | | | |
| Name: | | | | |
| Address: | | | | |
| City/State: | | | | |

List any special qualifications, knowledge and skill possess:

| |
|--|
| |
| |

PC Software (e.g. Windows, Outlook, ACT, MAS200): Typing: (WPM)

| |
|--|
| |
| |
| |

Office Machinery/Equipment (e.g. Copy Machine, Fax, etc.)

| |
|--|
| |
| |

Are you presently employed, and may we contact your employer?

| |
|--|
| |
|--|

Have you ever been discharged or asked to resign from a Position? If yes please explain:

| |
|--|
| |
| |

Have you ever been convicted of a misdemeanor or felony?

| |
|--|
| |
|--|

APPLICATION FOR EMPLOYMENT

Assessment

The formula to calculate the weight of a plate of steel is: Thickness x Width x Length x .2836.

Ask for a calculator if needed.

1. A buyer wants 3000 lbs of steel at \$0.10/LB calculate the dollar amount.
2. Calculate the density.
 - a. What is the weight of 1/2"x48"x48"?

 - b. What is the weight of 3/4"x96"x120"?
3. If a 1/4" x 48" coil weighs 30,000 lbs, how many sheets of 1/4"x48"x120" can you level?
4. After looking at our brochure write a summary of what you have learned about California Steel Services?



Employment Eligibility Verification

Department of Homeland Security
U.S. Citizenship and Immigration Services

USCIS
Form I-9
OMB No. 1615-0047
Expires 03/31/2016

▶ **START HERE.** Read instructions carefully before completing this form. The instructions must be available during completion of this form.

ANTI-DISCRIMINATION NOTICE: It is illegal to discriminate against work-authorized individuals. Employers **CANNOT** specify which document(s) they will accept from an employee. The refusal to hire an individual because the documentation presented has a future expiration date may also constitute illegal discrimination.

Section 1. Employee Information and Attestation (*Employees must complete and sign Section 1 of Form I-9 no later than the first day of employment, but not before accepting a job offer.*)

| | | | | | | |
|---|---|----------------------------------|-------------|----------------|------------------------------------|-------------------|
| Last Name (<i>Family Name</i>) | | First Name (<i>Given Name</i>) | | Middle Initial | Other Names Used (<i>if any</i>) | |
| Address (<i>Street Number and Name</i>) | | | Apt. Number | City or Town | | State Zip Code |
| Date of Birth (<i>mm/dd/yyyy</i>) | U.S. Social Security Number [][]-[][]-[][][][] | E-mail Address | | | Telephone Number | |

I am aware that federal law provides for imprisonment and/or fines for false statements or use of false documents in connection with the completion of this form.

I attest, under penalty of perjury, that I am (check one of the following):

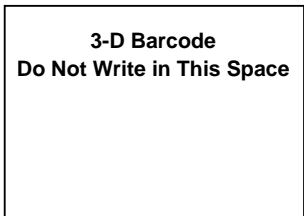
- A citizen of the United States
- A noncitizen national of the United States (*See instructions*)
- A lawful permanent resident (Alien Registration Number/USCIS Number): _____
- An alien authorized to work until (expiration date, if applicable, mm/dd/yyyy) _____. Some aliens may write "N/A" in this field. (*See instructions*)

For aliens authorized to work, provide your Alien Registration Number/USCIS Number **OR** Form I-94 Admission Number:

1. Alien Registration Number/USCIS Number: _____

OR

2. Form I-94 Admission Number: _____



If you obtained your admission number from CBP in connection with your arrival in the United States, include the following:

Foreign Passport Number: _____

Country of Issuance: _____

Some aliens may write "N/A" on the Foreign Passport Number and Country of Issuance fields. (*See instructions*)

| | |
|------------------------|-----------------------------|
| Signature of Employee: | Date (<i>mm/dd/yyyy</i>): |
|------------------------|-----------------------------|

Preparer and/or Translator Certification (*To be completed and signed if Section 1 is prepared by a person other than the employee.*)

I attest, under penalty of perjury, that I have assisted in the completion of this form and that to the best of my knowledge the information is true and correct.

| | | | |
|---|--|----------------------------------|-------------------|
| Signature of Preparer or Translator: | | Date (<i>mm/dd/yyyy</i>): | |
| Last Name (<i>Family Name</i>) | | First Name (<i>Given Name</i>) | |
| Address (<i>Street Number and Name</i>) | | City or Town | State Zip Code |



Employer Completes Next Page



Section 2. Employer or Authorized Representative Review and Verification

(Employers or their authorized representative must complete and sign Section 2 within 3 business days of the employee's first day of employment. You must physically examine one document from List A OR examine a combination of one document from List B and one document from List C as listed on the "Lists of Acceptable Documents" on the next page of this form. For each document you review, record the following information: document title, issuing authority, document number, and expiration date, if any.)

Employee Last Name, First Name and Middle Initial from Section 1:

| List A Identity and Employment Authorization | OR | List B Identity | AND | List C Employment Authorization |
|---|----|---|-----|---------------------------------------|
| Document Title: | | Document Title: | | Document Title: |
| Issuing Authority: | | Issuing Authority: | | Issuing Authority: |
| Document Number: | | Document Number: | | Document Number: |
| Expiration Date (if any)(mm/dd/yyyy): | | Expiration Date (if any)(mm/dd/yyyy): | | Expiration Date (if any)(mm/dd/yyyy): |
| Document Title: | | <div style="border: 1px solid black; padding: 10px; width: fit-content; margin: 0 auto;"> <p>3-D Barcode Do Not Write in This Space</p> </div> | | |
| Issuing Authority: | | | | |
| Document Number: | | | | |
| Expiration Date (if any)(mm/dd/yyyy): | | | | |
| Document Title: | | | | |
| Issuing Authority: | | | | |
| Document Number: | | | | |
| Expiration Date (if any)(mm/dd/yyyy): | | | | |
| Document Title: | | | | |
| Issuing Authority: | | | | |
| Document Number: | | | | |
| Expiration Date (if any)(mm/dd/yyyy): | | | | |

Certification

I attest, under penalty of perjury, that (1) I have examined the document(s) presented by the above-named employee, (2) the above-listed document(s) appear to be genuine and to relate to the employee named, and (3) to the best of my knowledge the employee is authorized to work in the United States.

The employee's first day of employment (mm/dd/yyyy): _____ (See instructions for exemptions.)

| | | | | |
|--|--|-------------------------|--|----------|
| Signature of Employer or Authorized Representative | | Date (mm/dd/yyyy) | Title of Employer or Authorized Representative | |
| Last Name (Family Name) | | First Name (Given Name) | Employer's Business or Organization Name | |
| Employer's Business or Organization Address (Street Number and Name) | | City or Town | State | Zip Code |

Section 3. Reverification and Rehires (To be completed and signed by employer or authorized representative.)

| | | | |
|---|--|----------------|---|
| A. New Name (if applicable) Last Name (Family Name) First Name (Given Name) | | Middle Initial | B. Date of Rehire (if applicable) (mm/dd/yyyy): |
|---|--|----------------|---|

C. If employee's previous grant of employment authorization has expired, provide the information for the document from List A or List C the employee presented that establishes current employment authorization in the space provided below.

| | | |
|-----------------|------------------|---------------------------------------|
| Document Title: | Document Number: | Expiration Date (if any)(mm/dd/yyyy): |
|-----------------|------------------|---------------------------------------|

I attest, under penalty of perjury, that to the best of my knowledge, this employee is authorized to work in the United States, and if the employee presented document(s), the document(s) I have examined appear to be genuine and to relate to the individual.

| | | |
|---|--------------------|--|
| Signature of Employer or Authorized Representative: | Date (mm/dd/yyyy): | Print Name of Employer or Authorized Representative: |
|---|--------------------|--|

CALIFORNIA STEEL SERVICES
Fax: (909) 796-8888 Phone: (909) 796-2222

Consumer Reports Notification

You are hereby notified that a customer report or an investigative consumer report may be obtained from a consumer-reporting agency, other agencies or directly by this employer for the purpose of evaluating you for employment, promotion, reassignment or retention as an employee. The report may contain information bearing on your credit worthiness, standing & capacity, personal characteristics or mode of living from public or private records, sources of through personal interviews with your neighbors, friends, associates or educational facility.

Release Form for Consumer Reports

In connection with my application for employment (including contract for services) and as a condition of confirming employment, I understand that investigative consumer reports which may contain public records information may be requested or made on me including consumer credit, criminal records, driving records, education, prior employer verification worker's compensation claims and others. These reports will include experience along with reasons for termination of past employment. Furthermore, I understand that California Steel Services will be requesting various information from State, Federal, Local and other Agencies that contain my past activities.

I hereby authorize, without any reservation, any party or agency contacted by California Steel Services to furnish any and/or all of the information mentioned above.

I have the right to make a report of INFO NET, upon proper identification and the payment of any authorized fees for the information in its files on me. At the time of my request, by placing a check in the box, I am requesting that I be furnished with a copy of any consumer reports and/or investigative consumer reports.

I further authorize ongoing procurement of the above-mentioned reports at any time during my employment (or contract).

Signature: _____ Date: _____

Please print all of the following information clearly

Last Name _____ First Name _____ MI _____

Social Security Number _____ Sex _____ DOB _____

Drivers License # _____ State _____ Maiden/Other Name _____

Current Address _____ City _____

State _____ Zip Code _____ Country _____ Years/Form _____ To _____

Previous Address _____ City _____

State _____ Zip Code _____ Country _____ Years/Form _____ To _____

Please list any additional addresses that you have lived at in the last 5 years on the back.

Official Use Only

Civil _____ Country _____ Upper Count _____ Lower Count _____ Federal Count _____ State Driving Record _____

Exp. Social Security Search _____ Business Credit _____ Employment & Earnings _____

Work's Compensation Claims/State _____

Statewide Criminal Arrests/Conviction Codes: AL, CO, CC, DC, ELGA, III, IL, UBU, KS, KY

Statewide Criminal Arrests/Conviction Codes: AR*, GA* IA*, ID*, ND*, NH*, NG*, VA*

Criminal/Federal/State _____ Count _____