



**Gipson Steel, Inc.**  
*An Equal Opportunity Employer*  
**Application for Employment**

**Date:** \_\_\_\_\_

**PERSONAL**

**Name:** \_\_\_\_\_ **Soc. Sec. No.** \_\_\_\_\_  
Last First MI

**Address:** \_\_\_\_\_  
No. & Street, P O Box, RR NO., Apt. No. City State Zip Code

**Telephone No.** Home: \_\_\_\_\_ Cell: \_\_\_\_\_

**Position or type of work desired:** \_\_\_\_\_

**Salary Expected:** \_\_\_\_\_ **Date Available:** \_\_\_\_\_

Are you now 18 years old or older? ☐ Yes ☐ No Are you willing to work overtime? ☐ Yes ☐ No

Have you ever been employed by Gipson Steel, Inc.? ☐ Yes ☐ No

If yes, when: \_\_\_\_\_ Supervisor: \_\_\_\_\_

Are you eligible for employment in the United States? ☐ Yes ☐ No (Proper Documentation is Required)

Do you have a valid drivers license and/or reliable transportation? ☐ Yes ☐ No

Drivers License State: \_\_\_\_\_ Drivers License No.: \_\_\_\_\_

Are you willing to take: A physical examination? ☐ Yes ☐ No A drug screen? ☐ Yes ☐ No

Have you ever been convicted of a felony? ☐ Yes ☐ No (If Yes, please explain):  
\_\_\_\_\_  
\_\_\_\_\_

**EMERGENCY NOTIFICATION**

Name Relationship Area Code/Phone No.

1. \_\_\_\_\_

2. \_\_\_\_\_

## EMPLOYMENT HISTORY

(List in order, last or present employer first. Make sure you list the telephone number of each employer.)

1. Company Name: \_\_\_\_\_ City/State: \_\_\_\_\_

Nature of Business: \_\_\_\_\_ Employed From: \_\_\_\_\_ To: \_\_\_\_\_

Position: \_\_\_\_\_ Immediate Supervisor: \_\_\_\_\_

Pay Starting: \_\_\_\_\_ Final: \_\_\_\_\_ Reason for leaving: \_\_\_\_\_

Telephone No: \_\_\_\_\_ Duties: \_\_\_\_\_

2. Company Name: \_\_\_\_\_ City/State: \_\_\_\_\_

Nature of Business: \_\_\_\_\_ Employed From: \_\_\_\_\_ To: \_\_\_\_\_

Position: \_\_\_\_\_ Immediate Supervisor: \_\_\_\_\_

Pay Starting: \_\_\_\_\_ Final: \_\_\_\_\_ Reason for leaving: \_\_\_\_\_

Telephone No: \_\_\_\_\_ Duties: \_\_\_\_\_

3. Company Name: \_\_\_\_\_ City/State: \_\_\_\_\_

Nature of Business: \_\_\_\_\_ Employed From: \_\_\_\_\_ To: \_\_\_\_\_

Position: \_\_\_\_\_ Immediate Supervisor: \_\_\_\_\_

Pay Starting: \_\_\_\_\_ Final: \_\_\_\_\_ Reason for leaving: \_\_\_\_\_

Telephone No: \_\_\_\_\_ Duties: \_\_\_\_\_

## MILITARY SERVICE

Branch of Service: \_\_\_\_\_ Date inducted: \_\_\_\_\_

Date discharged and rank: \_\_\_\_\_

Primary military occupation: \_\_\_\_\_

Duties and special training: \_\_\_\_\_

## EDUCATIONAL HISTORY

		<u>Dates Attended</u>	<u>Did You Graduate?</u>
High School	Name: _____	From: _____	Yes <input type="checkbox"/> No <input type="checkbox"/>
	Location: _____	To: _____	
College	Name: _____	From: _____	Yes <input type="checkbox"/> No <input type="checkbox"/>
	Location: _____	To: _____	
Trade/Technical School	Name: _____	From: _____	Yes <input type="checkbox"/> No <input type="checkbox"/>
	Location: _____	To: _____	
Other	Name: _____	From: _____	Yes <input type="checkbox"/> No <input type="checkbox"/>
	Location: _____	To: _____	

## OTHER TRAINING AND SKILLS

Please supply the following information if it relates to the work desired:

Describe your experience related to the position for which you applied? \_\_\_\_\_

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Where did you get the experience? \_\_\_\_\_

Check the following skills you possess or shop machines that you can operate:

Anglematic <input type="checkbox"/>	Blasting <input type="checkbox"/>	Burning <input type="checkbox"/>	Drill <input type="checkbox"/>	Fitting <input type="checkbox"/>	Welding <input type="checkbox"/>
Plasma Arc <input type="checkbox"/>	Punch <input type="checkbox"/>	Roll <input type="checkbox"/>	Saw <input type="checkbox"/>	Shear <input type="checkbox"/>	Tacking <input type="checkbox"/>

Other (Driving, Inspection Maintenance, Painting, etc.) \_\_\_\_\_

Please provide any additional information that you consider relevant to the position applied for, such as special skills, certifications, licenses, awards, etc. \_\_\_\_\_

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**PERSONAL REFERENCES (excluding former employers and relatives):**

<u>Name</u>	<u>Address</u>	<u>Telephone No.</u>	<u>Occupation</u>
1.			
2.			

**APPLICANT CERTIFICATION**

**I UNDERSTAND THAT** the completion of this application does not obligate Gipson Steel, Inc. in anyway. **I ALSO UNDERSTAND THAT** this application will be retained for active consideration for ninety (90) days from the date submitted.

**I FURTHER UNDERSTAND THAT** employment with Gipson Steel, Inc. is contingent upon a post-offer physical examination and drug screen as part of our efforts to provide a safe, drug-free workplace. **I FINALLY UNDERSTAND THAT**, if hired, there is a ninety (90) day probationary period for all employees hired at Gipson Steel, Inc.

**I AUTHORIZE** the procurement by Gipson Steel, Inc. of all available information from past and present employers and other applicable sources, except as may be noted otherwise herein. **I HEREBY CERTIFY THAT**, my answers to each of the previous questions are true, and realize that any evidence of falsification of information on this application may be considered adequate cause for discharge.

**I HEREBY AUTHORIZE** all past and present employers to release all records of my employment including: assessments of my job performance, ability, safety performance, attitude, attendance, etc. **I FURTHER RELEASE** all past and present employers from any and all liability of any type incurred as a result of providing all employment records to Gipson Steel, Inc.

**In consideration of my employment, I agree to conform to Gipson Steel, Inc.'s company rules and regulations, and I agree that my employment and compensation can be terminated, with or without cause, and with or without notice, at anytime, at either my or Gipson Steel, Inc.'s option.**

**Applicant's Signature:** \_\_\_\_\_ **Date Submitted:** \_\_\_\_\_

**\*\*\* DO NOT WRITE BELOW THIS LINE \*\*\***

Interview: Yes ☐ No ☐ Date: \_\_\_\_\_

Results of Interview: \_\_\_\_\_

Reference Check: #1 \_\_\_\_\_

#2 \_\_\_\_\_

#3 \_\_\_\_\_

Physical Exam Date: \_\_\_\_\_ Drug Screen Date: \_\_\_\_\_ Starting Rate: \_\_\_\_\_

Starting Date: \_\_\_\_\_ Position: \_\_\_\_\_

Approved By: \_\_\_\_\_ Comments: \_\_\_\_\_

**Submit application in one of the following ways:**

**Fax to 601-485-5119, or Email to [DCrane@gipsonsteel.com](mailto:DCrane@gipsonsteel.com), or Return to Company at 2770 Sellers Drive, Meridian, MS 39301.**