



APPLICANT NAME: \_\_\_\_\_

POSITION: \_\_\_\_\_

DIVISION/DEPT: \_\_\_\_\_

DATE SUBMITTED: \_\_\_\_\_

# CHATHAM STEEL CORPORATION

501 W. Boundary Street  
Savannah, Georgia 31401

## Application for Employment

All applicants are subject to satisfying a pre-employment drug and alcohol test, and a pre-employment physical examination as a condition of being considered for employment. Applicants for Department of Transportation regulated positions are subject to additional pre-employment screening in accordance with DOT guidelines and regulations, including Motor Vehicle Records, previous employer drug and alcohol testing verification, and supplemental physical fitness testing.

**INSTRUCTIONS FOR THE APPLICANT:** This document must be accurately completed by the applicant him/herself. Read the entire application before starting, print legibly, and use ink. **In all sections that do not apply, write "N/A" (not applicable) in that particular section. Incomplete applications will not be considered.**

**RETENTION:** All applicants will be retained in an active status for thirty (30) days from the date of submission. Applications, which result in permanent hire, will become permanent employment records. An applicant who is not employed within the thirty day retention period must reapply for employment as job openings occur.

### Acknowledgement

I understand that Chatham Steel Corporation requires information about me to evaluate my qualifications for employment and to conduct its business if I become an employee. I understand that false, incomplete, or misleading statements on this application shall be considered sufficient cause for denial of employment, or dismissal, if and when discovered. The use of this application does not indicate that there are any positions open and does not in any way obligate Chatham Steel Corporation.

In consideration of my potential employment, I agree and conform to all rules of Chatham Steel Corporation and pass a pre-employment or post-employment drug/alcohol test if required. I understand that if employed, both Chatham Steel Corporation and I have the right to terminate my employment at any time, with or without cause, and that Chatham Steel Corporation does not guarantee that any position will be continued for any length of time or that any job assignment of shift will be permanent. I understand no one other than the President of Chatham Steel Corporation has authority to make any other agreement and that any such agreement must be in writing.

### CERTIFICATION STATEMENT

This certifies that this application was completed by me, and that all entries on it and information in it are true and complete to the best of my knowledge.

Signature of Applicant \_\_\_\_\_ Date \_\_\_\_\_

*Chatham Steel Corporation is an Equal Opportunity/Affirmative Action Employer*

**PERSONAL APPLICATION DATA**

NAME \_\_\_\_\_

**ADDRESS INFORMATION**

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**CONTACT INFORMATION**

HOME: \_\_\_\_\_  
 CELL: \_\_\_\_\_  
 E-MAIL: \_\_\_\_\_  
 OTHER: \_\_\_\_\_

POSITION APPLYING FOR:

FIRST AVAILABLE DATE:

ANY RESTRICTIONS IN WORK SCHEDULE (EXPLAIN)

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Are you twenty-one (21) or older  
 yes  no

Can you submit proof of right to work  
 in the US: yes  no

\_\_\_\_\_

Have you ever applied to, or previously been employed by Chatham Steel Corporation, Reliance Steel & Aluminum Co. or a subsidiary of Reliance Steel & Aluminum Co. yes  no  If yes, when, and why did you leave:

\_\_\_\_\_

**EDUCATION AND TRAINING**

LEVEL	GRADE SCHOOL	HIGH SCHOOL	VOCATIONAL OR TECHNICAL	COLLEGE OR UNIVERSITY
NAME OF SCHOOL				
CITY, STATE				
HIGHEST GRADE COMPLETED	1 2 3 4 5 6 7 8	1 2 3 4	1 2 3	1 2 3 4
TYPE OF DEGREE OR CERTIFICATE		GRADES COMPLETED OR DIPLOMA	CERTIFICATE OR DIPLOMA	AA BA BS MA MS MBA

SPECIAL SKILLS, TRAINING COURSES, CONTINUING EDUCATION, OR AWARDS THAT FURTHER QUALIFY YOU FOR EMPLOYMENT (Example: Microsoft Excel & Powerpoint, ASQ Certified Lead Auditor Course, First Aid Certification, Acme Welding School, etc.)

COURSE NAME OR AWARD	ISSUING INSTITUTION	LENGTH OF TRAINING OR DATE OF AWARD	TYPE OF CERTIFICATE

**MILITARY SERVICE**

BRANCH OF SERVICE \_\_\_\_\_

DATE OF ENTRY \_\_\_\_\_

DATE OF DISCHARGE \_\_\_\_\_

RANK/PAY GRADE UPON ENTRY: \_\_\_\_\_

HIGHEST ATTAINED: \_\_\_\_\_

UPON DISCHARGE: \_\_\_\_\_

Present Military Status (branch, unit, current rank, and duty title, if applicable) \_\_\_\_\_

# VOLUNTARY SELF-IDENTIFICATION

The information requested below is used by Chatham Steel Corporation only to maintain records required of employers doing business with the federal government. YOU DO NOT HAVE TO ANSWER THESE QUESTIONS. If you do choose to answer these questions, any information supplied by you on this voluntary self-identification form will not affect your employment opportunities with Chatham Steel Corporation, which is an equal employment opportunity/affirmative action employer.

Name: \_\_\_\_\_

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

Job Title: \_\_\_\_\_

Referral Source: \_\_\_\_\_

**Race/Ethnicity:**

- Hispanic or Latino
- American Indian or Alaska Native (Not Hispanic or Latino)
- Asian (Not Hispanic or Latino)
- Black or African-American (Not Hispanic or Latino)
- Native Hawaiian or Other Pacific Islander (Not Hispanic or Latino)
- White or Caucasian (Not Hispanic or Latino)
- Two or More Races (Not Hispanic or Latino)
- I do not wish to disclose this information**

**Gender:**

- Male
- Female
- I do not wish to disclose this information**

## VOLUNTARY SELF-ID FORM FOR PROTECTED VETERANS

NAME: \_\_\_\_\_

DATE: \_\_\_\_\_

This employer is a Government contractor subject to the Vietnam Era Veterans' Readjustment Assistance Act of 1974, as amended by the Jobs for Veterans Act of 2002, 38 U.S.C. 4212 (VEVRAA), which requires Government contractors to take affirmative action to employ and advance in employment: (1) disabled veterans; (2) recently separated veterans; (3) active duty wartime or campaign badge veterans; and (4) Armed Forces service medal veterans. These classifications are defined as follows:

- A **“disabled veteran”** is one of the following:
  - 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
  - a person who was discharged or released from active duty because of a service-connected disability.
- A **“recently separated veteran”** means any 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.
- An **“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.
- An **“Armed forces service medal veteran”** means a 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.

Protected veterans may have additional rights under the Uniformed Services Employment and Reemployment Rights Act (USERRA). In particular, if you were absent from employment in order to perform service in the uniformed service, you may be entitled to be reemployed by your employer in the position you would have obtained with reasonable certainty if not for the absence due to service. For more information, call the U.S. Department of Labor's Veterans Employment and Training Service (VETS), toll-free, at 1-866-4-USA-DOL.

If you believe you belong to any of the categories of protected veterans listed above, please indicate by checking the appropriate box below. As a Government contractor subject to VEVRAA, we request this information in order to measure the effectiveness of the outreach and positive recruitment efforts we undertake pursuant to VEVRAA.

I IDENTIFY AS ONE OR MORE OF THE CLASSIFICATIONS OF PROTECTED VETERAN LISTED ABOVE

I AM NOT A PROTECTED VETERAN

Submission of this information is voluntary and refusal to provide it will not subject you to any adverse treatment. The information provided will be used only in ways that are not inconsistent with VEVRAA.

The information you submit will be kept confidential, except that (i) supervisors and managers may be informed regarding restrictions on the work or duties of disabled veterans, and regarding necessary accommodations; (ii) first aid and safety personnel may be informed, when and to the extent appropriate, if you have a condition that might require emergency treatment; and (iii) Government officials engaged in enforcing laws administered by the Office of Federal Contract Compliance Programs, or enforcing the Americans with Disabilities Act, may be informed.

## Voluntary Self-Identification of Disability

Form CC-305  
OMB Control Number 1250-0005

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### Why are you being asked to complete this form?

Because we do business with the government, we must reach out to, hire, and provide equal opportunity to qualified people with disabilities.<sup>1</sup> To help us measure how well we are doing, we are asking you to tell us if you have a disability or if you ever had a disability. Completing this form is voluntary, but we hope that you will choose to fill it out. If you are applying for a job, any answer you give will be kept private and will not be used against you in any way.

If you already work for us, your answer will not be used against you in any way. Because a person may become disabled at any time, we are required to ask all of our employees to update their information every five years. You may voluntarily self-identify as having a disability on this form without fear of any punishment because you did not identify as having a disability earlier.

### How do I know if I have a disability?

You are considered to have a disability if you have a physical or mental impairment or medical condition that substantially limits a major life activity, or if you have a history or record of such an impairment or medical condition.

Disabilities include, but are not limited to:

- Blindness
- Autism
- Bipolar disorder
- Post-traumatic stress disorder (PTSD)
- Deafness
- Cerebral palsy
- Major depression
- Obsessive compulsive disorder
- Cancer
- HIV/AIDS
- Multiple sclerosis (MS)
- Impairments requiring the use of a wheelchair
- Diabetes
- Schizophrenia
- Missing limbs or partially missing limbs
- Intellectual disability (previously called mental retardation)
- Epilepsy
- Muscular dystrophy

Please check one of the boxes below:

- YES, I HAVE A DISABILITY (or previously had a disability)
- NO, I DON'T HAVE A DISABILITY
- I DON'T WISH TO ANSWER

\_\_\_\_\_  
Your Name

\_\_\_\_\_  
Today's Date

<sup>1</sup> Section 503 of the Rehabilitation Act of 1973, as amended. For more information about this form or the equal employment obligations of Federal contractors, visit the U.S. Department of Labor's Office of Federal Contract Compliance Programs (OFCCP) website at [www.dol.gov/ofccp](http://www.dol.gov/ofccp).

## **Voluntary Self-Identification of Disability**

Form CC-305  
OMB Control Number 1250-0005

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### **Reasonable Accommodation Notice**

Federal law requires employers to provide reasonable accommodation to qualified individuals with disabilities. Please tell us if you require a reasonable accommodation to apply for a job or to perform your job. Examples of reasonable accommodation include making a change to the application process or work procedures, providing documents in an alternate format, using a sign language interpreter, or using specialized equipment.

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## EMPLOYMENT HISTORY

All applicants must complete a minimum of three (3) years of previous employment history. Applicants for commercial driving positions (DOT) must complete a ten (10) year history. Please begin with your most current job. Use additional paper if required.

<b>EMPLOYER</b>	<b>DATES OF EMPLOYMENT</b>	<b>JOB TITLE</b>
Company Name	Start: ___/___/___	
Supervisor Name	End: ___/___/___	
Address	<b>REASON FOR LEAVING</b>	<b>LAST PAY RATE</b>
City State Zip		
Telephone		
Were you subject to the FMCSRs while employed? <input type="checkbox"/> YES <input type="checkbox"/> NO		
Was your job designated as a safety-sensitive function in any DOT regulated mode subject to the drug and alcohol testing requirements of 49 CFR PART 40? <input type="checkbox"/> YES <input type="checkbox"/> NO		

<b>EMPLOYER</b>	<b>DATES OF EMPLOYMENT</b>	<b>JOB TITLE</b>
Company Name	Start: ___/___/___	
Supervisor Name	End: ___/___/___	
Address	<b>REASON FOR LEAVING</b>	<b>LAST PAY RATE</b>
City State Zip		
Telephone		
Were you subject to the FMCSRs while employed? <input type="checkbox"/> YES <input type="checkbox"/> NO		
Was your job designated as a safety-sensitive function in any DOT regulated mode subject to the drug and alcohol testing requirements of 49 CFR PART 40? <input type="checkbox"/> YES <input type="checkbox"/> NO		

<b>EMPLOYER</b>	<b>DATES OF EMPLOYMENT</b>	<b>JOB TITLE</b>
Company Name	Start: ___/___/___	
Supervisor Name	End: ___/___/___	
Address	<b>REASON FOR LEAVING</b>	<b>LAST PAY RATE</b>
City State Zip		
Telephone		
Were you subject to the FMCSRs while employed? <input type="checkbox"/> YES <input type="checkbox"/> NO		
Was your job designated as a safety-sensitive function in any DOT regulated mode subject to the drug and alcohol testing requirements of 49 CFR PART 40? <input type="checkbox"/> YES <input type="checkbox"/> NO		

Chatham Steel Corporation reserves the right to contact previous employers. We will not contact **your current employer** without your permission. Please check the appropriate box below and initial.

You may contact  my current employer. \_\_\_\_\_ Please do not contact  my current employer. \_\_\_\_\_

If one or more of the above listed positions resulted in termination, please explain the circumstances (you must include safety violations, threatening or intimidating behavior, or disciplinary violations):

## SAFETY INFORMATION

ALL APPLICANTS: List all **Traffic Convictions** or **License Forfeitures** for the past (3) years (do not include parking violations.)

CITY/STATE ISSUED	DATE	CHARGE	PENALTY

COMMERCIAL MOTOR VEHICLE APPLICANTS ONLY: List all motor vehicle accidents for the past (3) years.

DATE	BRIEF DESCRIPTION	DEATH OR INJURIES	COMM OR PERSONAL	PROPERTY DAMAGED

## GENERAL TRUCK DRIVER QUALIFICATIONS AND EXPERIENCE

COMMERCIAL MOTOR VEHICLE APPLICANTS ONLY

DRIVERS LICENSE	STATE	LICENSE NUMBER	TYPE OR CLASS	EXPIRATION

Have you ever been denied a license, permit or privilege to operate a motor vehicle: Yes  No

Has any license, permit or privilege been suspended or revoked: Yes  No

If the answer to either of the above questions is yes, please state the reasons:

**WAREHOUSE, PROCESSING AND DRIVER APPLICANTS: EQUIPMENT AND VEHICLE EXPERIENCE AND QUALIFICATION**

EQUIPMENT CLASS/TYPE (class A or B Comm., Bridge Crane, Forklift, Burning Table, etc.)	MODEL/SIZE (Flat, Van, Plasma, Lazer)	DATES OF OPERATION		APPROX MILES DRIVEN/HOURS OPERATED	VEHICLE OPERATING STATES (5 Years)

**PERSONAL REFERENCES**

List the name, address, phone number and occupation or title of three (3) personal references (do not include former employers listed above or family members). Personal references must have known you for at least 3 years.

NAME OF REFERENCE	TITLE/ OCCUPATION	YEARS KNOWN	ADDRESS	TELEPHONE

Please note any additional personal references that are currently employed by Chatham Steel Corporation with whom we may review this application:

Have you been convicted of a felony within the last five (5) years: Yes  No  If yes, the following information must be completed:

CASE NUMBER	ARREST DATE	JURISDICTION/COURT	CHARGE(S) FOR WHICH CONVICTED	CURRENT STATUS

Please note a conviction does not necessarily disqualify an applicant from hire. Each case will be evaluated on its own merits based upon the employment requirements.

EMERGENCY NOTIFICATION: Please indicate the person you would like contacted in the event of accident or injury.

CONTACT	NAME	RELATIONSHIP	ADDRESS	TELEPHONE NUMBER	CELL OR ALT NUMBER
PRIMARY					
ALTERNATE					

**AUTHORIZATION TO RELEASE EMPLOYMENT REFERENCE INFORMATION AND CONDUCT A BACKGROUND INVESTIGATION:** I understand that Chatham Steel Corporation will attempt to verify statements made on this application and during any employment interviews. When contacted by Chatham Steel Corporation, I give permission to my former employers to answer any and all questions based upon information available to them in my prior employment records. I understand that it is possible that employment records furnished by a previous employer may be inaccurate. Nonetheless, in consideration of the review of this application, I release Chatham Steel Corporation and all former employers from any liability as a result of the furnishing and receiving of this reference information. I understand that my failure to sign this reference release to conduct a full background check of my previous work history will be regarded as a withdrawal of my application for employment. I understand that Chatham Steel Corporation may investigate my Motor Vehicle Record and criminal record and that an investigative consumer report may be prepared whereby information is obtained through personal interviews with my neighbors, friends, and others with whom I am acquainted. This inquiry includes information as to my character, general reputation, personal characteristics and mode of living. I understand that I have the right to make a written request within a reasonable period of time to receive additional information about the nature and scope of this investigative consumer report investigation. I authorize the procurement of a consumer report by Chatham Steel Corporation as part of a pre-employment background investigation. If hired, this authorization shall remain on file and serve as an ongoing authorization for Chatham Steel Corporation to procure consumer reports at any time during my employment period.

Signature of Applicant \_\_\_\_\_ Date \_\_\_\_\_

# CHATHAM STEEL CORPORATION

## CONSUMER REPORT DISCLOSURE STATEMENT

By this document, Chatham Steel discloses to you that a consumer report, including an investigative consumer report containing information as to your character, general reputation, personal characteristics, and mode of living, made be obtained for employment purposes as part of the preemployment investigation and at any time during your employment. Should an investigative consumer report be requested, you will have the right to demand a complete and accurate disclosure of the nature and scope of the investigation requested and receive A Summary of Your Rights Under the Fair Credit Reporting Act. By your signature below, you hereby authorize and consent to Chatham Steel to obtain a consumer report about you.

**Applicant's Name:** \_\_\_\_\_

**Other Names Used:** \_\_\_\_\_

**Applicant's Address:** \_\_\_\_\_

**City/State/Zip:** \_\_\_\_\_

**Social Security Number:** \_\_\_\_\_

**Driver's License Number and State:** \_\_\_\_\_

**Name as it appears on Driver's License:** \_\_\_\_\_

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

**Signature of Company Representative:** \_\_\_\_\_

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

## A SUMMARY OF YOUR RIGHTS UNDER THE FAIR CREDIT REPORTING ACT

The federal Fair Credit Reporting Act (FCRA) is designed to promote accuracy, fairness, and privacy of information in the files of every "consumer reporting agency" (CRA). Most CRAs are credit bureaus that gather and sell information about you -- such as if you pay your bills on time or have filed bankruptcy -- to creditors, employers, landlords, and other businesses. You can find the complete text of the FCRA, 15 U.S.C. 1681-1681u, at the Federal Trade Commission's web site (<http://www.ftc.gov>). The FCRA gives you specific rights, as outlined below. You may have additional rights under state law. You may contact a state or local consumer protection agency or a state attorney general to learn those rights.

- **You must be told if information in your file has been used against you.** Anyone who uses information from a CRA to take action against you -- such as denying an application for credit, insurance, or employment -- must tell you, and give you the name, address, and phone number of the CRA that provided the consumer report.
- **You can find out what is in your file.** At your request, a CRA must give you the information in your file, and a list of everyone who has requested it recently. There is no charge for the report if a person has taken action against you because of information supplied by the CRA, if you request the report within 60 days of receiving notice of the action. You also are entitled to one free report every twelve months upon request if you certify that (1) you are unemployed and plan to seek employment within 60 days, (2) you are on welfare, or (3) your report is inaccurate due to fraud. Otherwise, a CRA may charge you up to eight dollars.
- **You can dispute inaccurate information with the CRA.** If you tell a CRA that your file contains inaccurate information, the CRA must investigate the items (usually within 30 days) by presenting to its information source all relevant evidence you submit, unless your dispute is frivolous. The source must review your evidence and report its findings to the CRA. (The source also must advise national CRAs -- to which it has provided the data -- of any error.) The CRA must give you a written report of the investigation, and a copy of your report if the investigation results in any change. If the CRA's investigation does not resolve the dispute, you may add a brief statement to your file. The CRA must normally include a summary of your statement in future reports. If an item is deleted or a dispute statement is filed, you may ask that anyone who has recently received your report be notified of the change.
- **Inaccurate information must be corrected or deleted.** A CRA must remove or correct inaccurate or unverified information from its files, usually within 30 days after you dispute it. However, the CRA is not required to remove accurate data from your file unless it is outdated (as described below) or cannot be verified. If your dispute results in any change to your report, the CRA cannot reinsert into your file a disputed item unless the information source verifies its accuracy and completeness. In addition, the CRA must give you a written notice telling you it has reinserted the item. The notice must include the name, address and phone number of the information source.
- **You can dispute inaccurate items with the source of the information.** If you tell anyone -- such as a creditor who reports to a CRA -- that you dispute an item, they may not then report the information to a CRA without including a notice of your dispute. In addition, once you've notified the source of the error in writing, it may not continue to report the information if it is, in fact, an error.
- **Outdated information may not be reported.** In most cases, a CRA may not report negative information that is more than seven years old; ten years for bankruptcies.
- **Access to your file is limited.** A CRA may provide information about you only to people with a need recognized by the FCRA -- usually to consider an application with a creditor, insurer, employer, landlord, or other business.

- **Your consent is required for reports that are provided to employers, or reports that contain medical information.** A CRA may not give out information about you to your employer, or prospective employer, without your written consent. A CRA may not report medical information about you to creditors, insurers, or employers without your permission.
- **You may choose to exclude your name from CRA lists for unsolicited credit and insurance offers.** Creditors and insurers may use file information as the basis for sending you unsolicited offers of credit or insurance. Such offers must include a toll-free phone number for you to call if you want your name and address removed from future lists. If you call, you must be kept off the lists for two years. If you request, complete, and return the CRA form provided for this purpose, you must be taken off the lists indefinitely.
- **You may seek damages from violators.** If a CRA, a user or (in some cases) a provider of CRA data, violates the FCRA, you may sue them in state or federal court.

The FCRA gives several different federal agencies authority to enforce the FCRA:

**FOR QUESTIONS OR CONCERNS REGARDING:**

**PLEASE CONTACT:**

CRA's, creditors and others not listed below

Federal Trade Commission  
Consumer Response Center - FCRA  
Washington, DC 20580  
202-326-3761

National banks, federal branches/agencies of foreign banks (word "National" or initials "N.A." appear in or after bank's name)

Office of the Comptroller of the Currency  
Compliance Management, Mail Stop 6-6  
Washington, DC 20219  
800-613-6743

Federal Reserve System member banks (except national banks, and federal branches/agencies of foreign banks)

Federal Reserve Board  
Division of Consumer & Community Affairs  
Washington, DC 20551  
202-452-3693

Savings associations and federally chartered savings banks (word "Federal" or initials "F.S.B." appear in federal institution's name)

Office of Thrift Supervision  
Consumer Programs  
Washington, DC 20552  
800-842-6929

Federal credit unions (words "Federal Credit Union" appear in institution's name)

National Credit Union Administration  
1775 Duke Street  
Alexandria, VA 22314  
703-518-6360

State-chartered banks that are not members of the Federal Reserve System

Federal Deposit Insurance Corporation  
Division of Compliance & Consumer Affairs  
Washington, DC 20429  
800-934-FDIC

Air, surface, or rail common carriers regulated by former Civil Aeronautics Board or Interstate Commerce Commission

Department of Transportation  
Office of Financial Management  
Washington, DC 20590  
202-366-1306

Activities subject to the Packers and Stockyards Act, 1921

Department of Agriculture  
Office of Deputy Administrator - GIPSA  
Washington, DC 20250  
202-720-7051