



# West Central Steel, Inc.

110 19th Street NW  
P. O. Box 1178  
Willmar, MN 56201

**Phone: (320) 235-4070 | FAX: (320) 214-5308**

## Application For Employment

First Name \_\_\_\_\_

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

Middle Name \_\_\_\_\_

Best time to be reached: \_\_\_\_\_

Last Name \_\_\_\_\_

**Present Address:**

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

**Phone Numbers:**

Residence: \_\_\_\_\_

Mobile: \_\_\_\_\_

E-mail \_\_\_\_\_

We consider applicants for all positions without regard to race, color, religion, creed, gender, national origin, age, disability, marital or veteran status or any other legally protected status.

### How did you hear about us?

- Advertisement
- Friend
- Walk-in
- Employment Agency
- Relative
- Other \_\_\_\_\_

### Position(s) Applied for:

- Production Equipment Operator
- Warehouse
- Other \_\_\_\_\_

### GENERAL INFORMATION

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

Driver License Number: \_\_\_\_\_

State: \_\_\_\_\_ Class: \_\_\_\_\_

Type of Employment Sought:  Full Time  Part Time

Shift Preference:  1st  2nd  3rd Are you willing to work other shifts?  Yes  No

If yes, what other shifts?  1st  2nd  3rd

Have you previously applied for work at **West Central Steel, Inc.**?  Yes  No If yes, give date: \_\_\_\_\_

Have you previously worked for **West Central Steel, Inc.**?  Yes  No

Job Title(s): \_\_\_\_\_

Supervisor: \_\_\_\_\_

Dates Employed: From: \_\_\_\_\_

To: \_\_\_\_\_

Reason for leaving: \_\_\_\_\_

Are you currently employed?  Yes  No

May we contact your present employer?  Yes  No

Are you currently on "lay-off" status and subject to recall?  Yes  No

On what date would you be available to work? \_\_\_\_\_

Are you legally authorized to work in the United States?  Yes  No

Can you travel if a job requires it?  Yes  No

*Proof of identity and legal work authorization will be required upon employment.*

# EDUCATION

	Name and Location	Graduate?	Field of Major Study
HIGH SCHOOL		<input type="radio"/> Yes <input type="radio"/> No	
COLLEGE		<input type="radio"/> Yes <input type="radio"/> No	
TRADE, BUSINESS OR CORRESPONDENCE SCHOOL		<input type="radio"/> Yes <input type="radio"/> No	
CERTIFICATION		<input type="radio"/> Yes <input type="radio"/> No	

Are you currently attending school?       Yes     No      Anticipated Graduation Date: \_\_\_\_\_

If you are currently attending school. Where? What type?

Describe any specialized training, apprenticeship, skills and extra-curricular activities.

## TRAINING AND EXPERIENCE

### MANUFACTURING / PRODUCTION:

- |                                         |                                     |                                         |
|-----------------------------------------|-------------------------------------|-----------------------------------------|
| <input type="radio"/> Banding Equipment | <input type="radio"/> Power Shear   | <input type="radio"/> Quality Assurance |
| <input type="radio"/> Overhead Crane    | <input type="radio"/> Brake Press   | <input type="radio"/> Welding           |
| <input type="radio"/> Micrometer Use    | <input type="radio"/> Flame Cutter  | <input type="radio"/> Blueprint Reading |
| <input type="radio"/> Machine Setup     | <input type="radio"/> Plasma Cutter | <input type="radio"/> Forklift          |
| <input type="radio"/> Band Saw          | <input type="radio"/> Laser Cutter  |                                         |

### Other:

- |                                |                                            |                                  |
|--------------------------------|--------------------------------------------|----------------------------------|
| <input type="radio"/> PC / MAC | <input type="radio"/> CAD/CAM              | <input type="radio"/> Inventory  |
| <input type="radio"/> Word     | <input type="radio"/> Building Maintenance | <input type="radio"/> Sales      |
| <input type="radio"/> Excel    | <input type="radio"/> Shipping / Receiving | <input type="radio"/> Management |
| <input type="radio"/> Drafting | <input type="radio"/> Fleet Maintenance    | <input type="radio"/> Purchasing |

# EMPLOYMENT EXPERIENCE

Start with your present or last job. Include any job-related military service assignments and volunteer activities. You may exclude organizations which indicate race, color, religion, gender, national origin, disabilities or other protected status.

Employer \_\_\_\_\_  
Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_ Zip Code \_\_\_\_\_  
Job Title: \_\_\_\_\_ Supervisor: \_\_\_\_\_  
Reason for leaving: \_\_\_\_\_

Employed From: \_\_\_\_\_  
Employed To: \_\_\_\_\_  
**Hourly Rate / Salary**  
Starting: \_\_\_\_\_  
Final: \_\_\_\_\_

## Work Performed

Employer \_\_\_\_\_  
Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_ Zip Code \_\_\_\_\_  
Job Title: \_\_\_\_\_ Supervisor: \_\_\_\_\_  
Reason for leaving: \_\_\_\_\_

Employed From: \_\_\_\_\_  
Employed To: \_\_\_\_\_  
**Hourly Rate / Salary**  
Starting: \_\_\_\_\_  
Final: \_\_\_\_\_

## Work Performed

Employer \_\_\_\_\_  
Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_ Zip Code \_\_\_\_\_  
Job Title: \_\_\_\_\_ Supervisor: \_\_\_\_\_  
Reason for leaving: \_\_\_\_\_

Employed From: \_\_\_\_\_  
Employed To: \_\_\_\_\_  
**Hourly Rate / Salary**  
Starting: \_\_\_\_\_  
Final: \_\_\_\_\_

## Work Performed

Employer \_\_\_\_\_  
Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_ Zip Code \_\_\_\_\_  
Job Title: \_\_\_\_\_ Supervisor: \_\_\_\_\_  
Reason for leaving: \_\_\_\_\_

Employed From: \_\_\_\_\_  
Employed To: \_\_\_\_\_  
**Hourly Rate / Salary**  
Starting: \_\_\_\_\_  
Final: \_\_\_\_\_

## Work Performed

## MILITARY SERVICE

Have you ever been in military service of the United States?

Yes  No

Branch of Service: \_\_\_\_\_

Highest Rank Attained: \_\_\_\_\_

Major Duties  
and Special  
Training:

## REFERENCES

*Work or education references we may contact. (E.g. former or present employers, co-workers or school advisors) Do not list relatives*

Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_ Zip Code \_\_\_\_\_

Phone Number \_\_\_\_\_

Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_ Zip Code \_\_\_\_\_

Phone Number \_\_\_\_\_

Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_ Zip Code \_\_\_\_\_

Phone Number \_\_\_\_\_

I hereby certify that the above information is complete, accurate, truthful, etc. I understand that any distortion, omission or inaccurate information may be grounds for immediate termination.

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

\_\_\_\_\_  
Date

# FOR PERSONNEL DEPARTMENT USE ONLY

Arrange Interview?  Yes  No

Remarks:

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

Employed:  Yes  No Date of Employment: \_\_\_\_\_

Job Title: \_\_\_\_\_ Rate / Salary: \_\_\_\_\_ Department: \_\_\_\_\_

By: \_\_\_\_\_  
Name and Title Date