

EMPLOYMENT APPLICATION

Zimmerman Metals Inc.

201 East 58th Avenue, Denver, Colorado 80216 / 303-294-0180

APPLICANT INSTRUCTIONS

If you need help to fill out this application form or for any phase of the employment process, please notify the person that gave you this form and every effort will be made to accommodate your needs in a reasonable amount of time.

1. Please read "APPLICANT NOTE".
2. Complete all four pages.
3. If more space is needed to complete any question, use comments section on page 3.
4. Print clearly; incomplete or illegible applications will not be processed.
5. AFFIRMATIVE ACTION QUESTIONNAIRE. Information is being gathered for affirmative action under Section 503 of the Rehabilitation Act of 1973. The information requested is voluntary and will be kept confidential. An applicant will not be subject to any adverse treatment for refusing to complete the questionnaire.

TODAY'S DATE: _____

NAME: _____
LAST FIRST M.I.

HOME PHONE: _____ WORK PHONE: _____

CURRENT ADDRESS: _____
STREET CITY

STATE ZIP

APPLICANT NOTE This application form is intended for use in evaluating your qualifications for employment. This is not an employment contract. Please answer all appropriate questions completely and accurately. False or misleading statements during the interview and on this form are grounds for terminating the application process or, if discovered after employment, terminating employment. All qualified applicants will receive consideration without discrimination because of sex, marital status, race, color, age, creed, religion, national origin or the presence of disabilities. A felony conviction will not necessarily bar an applicant from employment. Affirmative action hiring may be requested by qualified applicants. Additional testing of job-related skills and for the presence of drugs in your body may be required prior to employment. After an offer of employment, and prior to reporting to work, you are required to submit to a medical review and drug test.

AVAILABILITY For which position are you applying? _____

What date can you start? _____ Are you able to work full time? Yes No

For which schedules are you available? 1st Shift (6:45 - 3:15) Overtime (includes Sat. & possibly Sun.)

EDUCATION

NAME	CITY/STATE	GRADUATE?
HIGH SCHOOL		
COLLEGE		
OTHER		

SECURITY List states and counties of residence for the past seven years. _____

Yes No Have you been convicted of a felony and/or served time in the past seven years? If so, please describe below.
 (In accordance with company policy this information will be reviewed for job relatedness and time since last conviction.)

INCIDENT	CITY/STATE	CHARGE
1.		
2.		

JOB-RELATED SKILLS NOTE: Do not fill out any part of this section you believe to be non-job related.

Yes No If the job requires, do you have the appropriate valid drivers license?
 DL# _____ Type _____ State of Issue _____

Yes No Have you had any moving violations? Please describe _____

Please list any other skills, licenses or certificates that may be job-related or that you feel would be of value to this job or company.

Please answer these three questions at interview only. _____ (Initial)

- Yes No Have you been given a job description or had the requirements of the job explained to you?
 Yes No Do you understand these requirements?
 Yes No Can you perform the requirements of this job with or without reasonable accommodation?

EMPLOYMENT REFERENCES

Your application will not be considered unless every question in this section is answered. Since we will make every effort to contact previous employers, the *correct telephone numbers of past employers are critical.*

MOST RECENT EMPLOYER				Yes	No	Are you currently working for this employer?	
				Yes	No	If yes, may we contact?	
_____ COMPANY NAME		_____ CITY		_____ STATE		_____ PHONE NUMBER	
TO	FROM	_____ JOB TITLE		_____ SUPERVISOR NAME			
_____ DATES EMPLOYED							
_____ DUTIES							
_____ PER							
_____ SALARY		_____ (HOUR, WEEK, MONTH, YEAR)		_____ REASON FOR LEAVING			

SECOND MOST RECENT EMPLOYER							
_____ COMPANY NAME		_____ CITY		_____ STATE		_____ PHONE NUMBER	
TO	FROM	_____ JOB TITLE		_____ SUPERVISOR NAME			
_____ DATES EMPLOYED							
_____ DUTIES							
_____ PER							
_____ SALARY		_____ (HOUR, WEEK, MONTH, YEAR)		_____ REASON FOR LEAVING			

THIRD MOST RECENT EMPLOYER							
_____ COMPANY NAME		_____ CITY		_____ STATE		_____ PHONE NUMBER	
TO	FROM	_____ JOB TITLE		_____ SUPERVISOR NAME			
_____ DATES EMPLOYED							
_____ DUTIES							
_____ PER							
_____ SALARY		_____ (HOUR, WEEK, MONTH, YEAR)		_____ REASON FOR LEAVING			

Job training that would apply to employment at Zimmerman:

REFERENCES Include only individuals familiar with your work ability. Do not include relatives.

NAME	ADDRESS/PHONE	YEARS KNOWN/RELATIONSHIP
1.		
2.		

CERTIFICATION AND RELEASE I certify that I have read and understand the applicant note on page one of this form and that the answers given by me to the foregoing questions and statements made by me are complete and true to the best of my knowledge and belief. I understand that any false information, omissions or misrepresentations of facts called for in this application may result in rejection of my application or discharge at any time during my employment. I authorize the company and/or its agents, including consumer reporting bureaus, to verify any of this information including, but not limited to, criminal history and motor vehicle driving records. I authorize all persons, schools, companies and law enforcement authorities to release any information concerning my background and hereby release any said persons, schools, companies and law enforcement authorities from any liability for any damage whatsoever for issuing this information. I also understand that the use of illegal drugs is prohibited during employment. If company policy requires, I am willing to submit to drug testing to detect the use of illegal drugs prior to and during employment.

I understand that my employment can be terminated, with or without cause, at any time at the discretion of either the company or myself. I understand that no management official other than the president of the company has any authority to enter into any agreement contrary to the foregoing or make any oral assurance or promise of continued employment.

SIGNATURE	DATE
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(If you do not have a digital Signature, please print out the Application Form and sign it manually)

INTERVIEWER'S COMMENTS:

WORK EXPERIENCE: (Check items you have done and/or can do.)

Read a Tape Measure
Know Sheet Metal Gauges

Know Structural Shapes and Sizes
Read Simple Drawings/Blueprints

Welding:

Stick Weld, Non-Structural
TIG Weld
MIG Weld, Non-Structural
Certified Welding Only

Hand Flame Cutting
Machine Flame Cutting
Weld Stainless Aluminum Bronze

A. Stick Flat _____ C. MIG _____ E. Submerged Arc _____
B. Stick All Position _____ D. Core Wire _____ F. Innershield _____

Layout:

Frames
Level Rails
Stairs
Beams and Columns

Sheet Metal
Bends in Sheet Metals
Spiral Stairs
Smoley's Tables

Machine Operation:

Band Saw
Shear
Plate Roll
Angle Roll
Drill Press

Cold Saw
Press Brake
Punch
Radial Drill Press

Finishing:

Prime Painting
Grinding

Finish Paint (auto body type finish)

Machining:

Measuring Tools Yes No

What machining tolerances do you hold? _____

Turret Lathes
Automatic Lathes
CNC/NC Lathes
Surface Grinders
O.D. Grinders
I.D. Grinders
Centerless Grinders
Tool Grinders
Vertical Mills
Horizontal Mills
CNC/NC Mills

Radial Drill
V.T.L.
Jig Grinder
Jig Bore
Gear Hob
Gear Shaper
Hone
E.D.M.
Boring Mills
(Other)

What kind of work do you feel you are best at?

