EMPLOYMENT APPLICATION
101 BOX CAR RD
BROWNSVILLE, TX 78521

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.

Name:		☐Authorized to work in U.S.	☐Bilingual ☐Spanish ☐English ☐Other	
Address:	City:	State:	Zip Code:	Phone:
Position Applied For:		Available for: ☐Full Time ☐Part Time	☐Weekends ☐Holidays	☐Overtime
Alternate Contact:	Relationship:	Address:	City:	Telephone No.:

IN CASE OF EMERGENCY – NOTIFY:

Name	Relationship	Telephone No.

EDUCATION AND TRAINING

Elem.	Jr. H.S.	High School 1 2 3 4	College 1 2 3 4 5 6 7 8	Major	Skilled Training ☐ Yes ☐ No	Specialization
Other Special Skills and Training						

EMPLOYMENT EXPERIENCE (List most recent experience first)

Name & Address	Position (s) Held	Dates (Start – End)

Date available for work? _____			
Have you ever been employed with us before?	☐ Yes	☐ No	Date : _____
Are you currently employed?	☐ Yes	☐ No	Employer: _____
Have you ever been convicted of a felony or subjected to a deferred adjudication on a felony charge? If your answer is "Yes", explain in concise detail on a separate sheet of paper, giving the dates and nature of the offense, the name and location of the court, and the disposition of the case(s). A conviction may not disqualify you, but a false statement will.	☐ Yes	☐ No	
At any time, have you ever applied for Workmen's Compensation Benefits?	☐ Yes	☐ No	Date : _____ Employer: _____
***** Proof of your authorization to work in the United States will be required upon employment.			

Note to Applicants: Do not answer this question unless you have been informed about the requirements of the job for which you are applying.

Are you capable of performing in a reasonable manner, with or without a reasonable accommodation, the activities involved in the job or occupation for which you have applied? A review of the activities involved in such a job or occupation has been given.

☐ Yes ☐ No

REFERENCES

Name	Telephone No.	Address
1.		
2.		
3.		

APPLICANT'S STATEMENT

I certify that answers given herein are true and complete.

I authorize investigation of all statements contained in this application for employment as may be necessary in arriving at an employment decision.

This application for employment shall be considered active for a period of time not to exceed 45 days. Any applicant wishing to be considered for employment beyond this time period should inquire as to whether or not applications are being accepted at that time.

I hereby understand and acknowledge that, unless otherwise defined by applicable law, any employment relationship with this organization is of any "at will" nature, which means that Employee may resign at any time and the Employer may discharge Employee at any time with or without cause. It is further understood that this "at will" employment relationship may not be changed by any written document or by conduct unless such change is specifically acknowledged in writing by an authorized executive of this organization.

In the event of employment, I understand that false or misleading information given in my application or interview(s) may result in discharge. I understand, also, that I am required to abide by all rules and regulations of the employer.

_____ _____

Applicant's Signature Date

FOR PERSONNEL DEPARTMENT USE ONLY

Employee Name	**Employee ID#**	**Position**	**Schedule**	**Rate**

E-Verify: _____	**O.A.G: _____**	**Dependents: _____**	**Probationary Period:** ☐ 30 ☐ 60 ☐ 90 ☐N/A
Employee hired? ☐ Yes ☐ No		**DOH: _____**	**Locker # _____**

☐ **W9** ☐ **DL / ID / Passport / SS Card** ☐ **Orientation _____** ☐ **Physical/Renewal _____**

Comment:

Date of Interview _____ **Supervisor Name _____**

Supervisor's Signature _____ **HR Signature _____**

ADDENDUM TO ASM EMPLOYMENT APPLICATION ("ADDENDUM")

FOR THOSE POSITIONS BEING FILLED IN CONNECTION WITH GOVERNMENTAL CONTRACTS WHERE WORK MUST BE PERFORMED BY U.S. CITIZENS

Your application for employment with All Star Metals, LLC ("ASM" or the "Company") is being considered in connection with the Company's business needs resulting from a bid submitted to the Department of Defense (DoD) to dismantle one or more secured and classified Navy aircraft carriers. If awarded, the government contract mandates that all necessary work be performed by U.S. citizens. This is an essential job requirement for any individuals performing work under the government contract. Therefore, to allow the Company to determine whether you are qualified to perform such work, please check one of the boxes below to indicate your citizenship status.

☐ Yes, I am a U.S. Citizen and authorized to work in the U.S.

☐ No, I am authorized to work in the U.S., but I am not a U.S. Citizen

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I understand that the Applicant's Statement on Page 2 of the ASM Employment Application also applies to any statements made by me in connection with this Addendum and that in the event of employment, any falsifications or misrepresentations will be grounds for immediate termination regardless of when discovered. All offers of employment with ASM are conditioned on a background check, including successful completion of the Form I-9 and the E-Verify process to confirm work eligibility.

ASM is an equal employment opportunity employer and considers applicants for all positions without regard to race, color, religion, creed, gender, national origin, disability, marital or veteran status or any other category protected under federal state or local law. This Addendum will not be considered or used as the basis for any employment decision unless the position is being considered in connection with ASM's obligations under government contract.

INVITATION TO SELF-IDENTIFY

Due to the size of All Star Metals, LLC ("ASM") and/or because we have significant contracts with the federal government, we are obliged to collect, compile and report certain demographic information about employees and job applicants to the U.S. Department of Labor (DOL) and/or the Equal Employment Opportunity Commission (EEOC). This information is reported to the government in the aggregate, with no names or other individually identifiable information.

The government suggests we invite applicants and employees to provide the information to us directly. We agree that this approach produces more accurate information. You are not required to respond. Yet, we are asking you to do so because we want our records and statistics to be as accurate as possible. Other than as required in connection with the required reporting process, the information you submit will be kept confidential and used only to the extent consistent with the law. It will not be disclosed to your supervisor or manager.

Please place a check in the appropriate boxes below.

You will need to complete all four sections (please refer to the back of this form for definitions) – if you choose not to complete any of the information, please check the "Elect not to complete" box at the bottom of this form.

(1) Gender - Check One:

- ☐ Female
- ☐ Male

(2)A. Race/Ethnicity - Check One:

- ☐ Hispanic or Latino
- ☐ **Not** Hispanic or Latino

(2)B. Race/Ethnicity - Check One:

(Only if Not Hispanic or Latino)

- ☐ American Indian/Alaska Native
- ☐ Asian
- ☐ Black/African American
- ☐ Native Hawaiian/Pacific Islander
- ☐ White
- ☐ Two or More Races

(3) Veteran Status - Check One:

- ☐ I identify as one or more of the classifications of protected veterans listed below
- ☐ I am not a protected veteran
- ☐ I decline to disclose my veteran status

- ☐ **Elect not to Complete**

Please return to the Human Resource Department

_____

Employee Name (PLEASE PRINT)

Definitions: **Race/Ethnicity**

- **Hispanic or Latino –** A person of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin regardless of race.
- **American Indian or Alaska Native (Not Hispanic or Latino)** – A person having origins in any of the original peoples of North and South American (including Central America), and who maintain tribal affiliation or community attachment.
- **Asian (Not Hispanic or Latino)** – A person having origins in any of the original peoples of the Far East, Southeast Asia, or the Indian Subcontinent, including, for example, Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Island, Thailand, and Vietnam.
- **Black or African American (Not Hispanic or Latino)** – A person having origins in any of the black racial groups of Africa.
- **Native Hawaiian or Other Pacific Islander (Not Hispanic or Latino)** – A person having origins in any of the peoples of Hawaii, Guam, Samoa, or other Pacific Islands.
- **White (Not Hispanic or Latino)** – A person having origins in any of the original peoples of Europe, The Middle East, or North Africa.
- **Two or More Races (Not Hispanic or Latino)** – Persons who identify with two or more race/ethnic categories named above.

Definitions: Veteran Status

- **Disabled veteran** - 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.
- **Recently Separated Veteran** - 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.
- **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.
- **Armed Forces service medal veteran** - 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.

Note: Protected veterans may have additional rights under USERRA - the Uniformed Services Employment and Reemployment Rights Act. 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**.

Voluntary Self-Identification of Disability

Form CC-305
OMB Control Number 1250-0005
Expires 1/31/2017

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

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

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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[i] 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.

PUBLIC BURDEN STATEMENT: According to the Paperwork Reduction Act of 1995 no persons are required to respond to a collection of information unless such collection displays a valid OMB control number. This survey should take about 5 minutes to complete.