



Disclosure to Employment Applicant

This is to notify you that a Consumer Report and/or Investigative Consumer Report will be conducted on you for employment purposes.

By signing the release below, I hereby authorize Defiance Metal Products of Arkansas to contact any and all corporations, former employees, credit agencies, educational institutions, law enforcement agencies, city, state, county, and federal courts, military services to release information about my background including, but not limited to, information about employment, education, consumer credit history, driving records, criminal record and general public records history to Defiance Metal Products of Arkansas.

I release from all liability all persons, companies, schools supplying such information. I indemnify Defiance Metal Products of Arkansas against any liability, which may result from making such requests. This release shall remain in effect for the length of my employment. I understand and I may have the right to request additional disclosures regarding the nature and scope of the investigation. I also understand that I will be given a copy of the consumer report and a written description of my rights under the Fair Credit Reporting Act. I believe to the best of my knowledge that all information I have provided is accurate, true and correct and that I fully understand terms of this release.

Name: X

(Please Print) Other names used X

Address: X

City/ State/ Zip code: X

Social Security#: X

Driver's License Number & State: _____

Date received degree (if applicable) _____

Signature of Applicant: X

Date: X



To Whom It May Concern:

The applicant named below is being considered for employment as _____ with our company.

The applicant has listed you or your organization as a former employer. In accordance with the release signed by the applicant below, please provide the information requested and please fax completed form to: Human Resources at (501)362-3203.

Very truly yours,

Name of Applicant _____

Name of Former Employer: _____

APPLICANT'S AUTHORIZATION

I hereby authorize the above individual, company, or institution to furnish **DMP** with any information it may have concerning me which is on record or otherwise, and do hereby release the above individual, company, or institution and all individuals connected therewith from any and all liability whatsoever that might otherwise be incurred in furnishing such information.

X

 Signature of Applicant

RECORD OF EMPLOYMENT

Date(s) of Employment: _____

Position(s) Held: _____

Reason Employment Ended: _____

Please rate the applicant in each of the following areas:

Job Skill	Excellent	Good	Average	Below Avg.	Poor
Initiative	Excellent	Good	Average	Below Avg.	Poor
Attendance	Excellent	Good	Average	Below Avg.	Poor
Conduct	Excellent	Good	Average	Below Avg.	Poor

Would you rehire the applicant? ___ Yes ___ No

 Signature Title Date

DFWP Consent & Test Appointment Form

If your company has Department of Transportation (DOT) regulated employees, this form MUST be faxed to PSG at 1-608-782-7794.

Employee/Applicant: Please review the Drug/Alcohol Testing Procedures on the reverse side.

Company Name: DEFIANCE METAL PRODUCTS Location: HEBER SPRINGS

Print Employee/Applicant's Name: X

Date: X Social Security Number: X

Home Phone Number: X()

Type of Test Scheduled: (check one)
 Pre-Employment Post-Accident Random
 Reasonable Cause Return-to-Duty Post-Rehabilitation/
 Other Follow-Up

(check one) DOT Non-DOT

Type of Test(s) Required: Drug Test Blood Alcohol Test (Non-DOT only)
 Saliva Alcohol Test (QED) Breath Alcohol Test (EBT)

Clinic Name: ESA

Clinic Phone Number: (501) 206-0081

Clinic Address: 1100 W. Main St.

City, State & Zip: HEBER SPRINGS, AR. 72543

Test Appointment Date: _____

Time: _____ a.m./p.m.

Pre-Employment Tests Only:

Applicants, please read and sign below.

Pre-Employment/Pre-Placement Consent

I understand, as required by the company policy, all prospective employees must submit to a drug and/or alcohol test. A urine specimen will be collected at a site selected by the company and tested for drugs at a DHHS/SAMHSA-certified laboratory. The laboratory results of the drug test will be reviewed, reported, and maintained by the Medical Review Officer (MRO) selected by the company. If the drug test result is negative, the MRO will report the test result to the company. I will be given an opportunity to discuss a positive laboratory test result with the MRO before the drug test is reported to the company as a verified positive. I consent to the release of test results to the company's third-party administrator (currently Pinkerton Services Group-Health Services Division), within the company on a need-to-know basis and to additional parties in accordance with my written authorization or as otherwise required by applicable federal or state law.

I also understand that, if hired, I will be required to submit to additional drug and/or alcohol tests as outlined in the company policy and supportive material.

I hereby agree to voluntarily submit to a drug and/or alcohol test and further understand that if said test(s) is verified/confirmed as a positive drug and/or alcohol test and/or if it is determined that there has been any interference with the collection or testing process (including adulteration and/or switching specimens), I will be considered unqualified for employment by the company.

Employment is conditioned on a negative test result and hiring will not become final unless the individual passes the required drug test.

If you have any questions, please discuss them with the company before signing.

Applicant Signature: X Date: X

Required if applicant is less than 18 years of age:

I am the parent/guardian of _____. I hereby consent to his/her participation in a pre-employment drug and/or alcohol test as detailed above. I understand that test results will only be disclosed to the applicant.

Parent/Guardian Signature: _____ Date: _____

Application for Employment

Equal access to programs, services and employment is available to all persons. Those applicants requiring a reasonable accommodation to the application and/or interview process should notify a representative of the Human Resources Department. We are an equal opportunity employer.

Please Print

Position applied for _____ Application Date ____/____/____

Name _____
LAST FIRST MIDDLE

Address _____
STREET CITY STATE ZIP CODE

Home Phone () _____ Cellular/Other # () _____ E-mail address _____

Shift preferred 1 2 3 Any Expected pay _____

Would you accept full-time work? Yes No Would you accept part-time work? Yes No

On what date would you be available for work? _____
AM

If necessary, best time to call you is ____:____ PM Home Cellular/Other

How were you referred to our Company? _____

Have you submitted an application here before? Yes No If yes, please give date(s) and position(s): _____

Have you ever been employed here? Yes No If yes, please give dates: _____

Is this application a request for reemployment following an extended military leave of absence from our Company? Yes No
If yes, additional information may be requested.

If you are under 18 years old, can you provide a work permit if required? Yes No

Are you legally eligible for employment in the United States? (If yes, proof is required if hired.) Yes No

Are you able to perform the "essential functions" of the job for which you are applying (with or without reasonable accommodation)?
NOTE: This question is not designed to elicit information about an applicant's disability. Please do not provide information about the existence of a disability, particular accommodation, or whether accommodation is necessary. These issues may be addressed at a later stage, to the extent permitted by law.

Yes No Need more information about the job's "essential functions" to respond

Will you travel if required? Yes No Will you work overtime if required? Yes No

If they have been explained to you, are you able to meet the attendance requirements of the position? Yes No N/A

Have you ever been bonded? Yes No

Please provide your driver's license number, if driving is required for this job. _____ State _____

Have you entered into an agreement with any former employer or other party (such as a noncompetition agreement) that might, in any way, restrict your ability to work for our Company? Yes No If yes, please explain: _____

NOTE: Answering "yes" to the following question does not constitute an automatic bar to employment. Factors such as date of the offense, seriousness and nature of the violation, rehabilitation and position applied for will be taken into account.

Have you ever pleaded "guilty" or "no contest" to, or been convicted of, a crime? Yes No

If yes, please provide date(s) and details: _____

EMPLOYMENT EXPERIENCE

Place an X by the employer(s) you DO NOT want us to contact. List your most recent employer first.

Employer _____

Contact Name _____ E-mail _____

Address _____ Phone(_____) _____

Job Title _____ Supervisor _____

Dates employed: from (mm/yy) / to (mm/yy) / Hourly rate/salary: starting ___/___ final ___/___

Work performed _____

Reason for leaving _____

What did you like most about your position? _____

What were the things you liked least about the position? _____

Employer _____

Contact Name _____ E-mail _____

Address _____ Phone(_____) _____

Job Title _____ Supervisor _____

Dates employed: from (mm/yy) / to (mm/yy) / Hourly rate/salary: starting ___/___ final ___/___

Work performed _____

Reason for leaving _____

What did you like most about your position? _____

What were the things you liked least about the position? _____

Employer _____

Contact Name _____ E-mail _____

Address _____ Phone(_____) _____

Job Title _____ Supervisor _____

Dates employed: from (mm/yy) / to (mm/yy) / Hourly rate/salary: starting ___/___ final ___/___

Work performed _____

Reason for leaving _____

What did you like most about your position? _____

What were the things you liked least about the position? _____

Explain any gaps in your employment, other than those due to personal illness, injury or disability.

Have you ever been fired or asked to resign from a job? Yes No

If yes, please explain:

High School: _____ Location _____

Course of study _____ Did you graduate? Yes No Degree or diploma _____

College: _____ Location _____

Course of study _____ Did you graduate? Yes No Degree or diploma _____

Graduate School: _____ Location _____

Course of study _____ Did you graduate? Yes No Degree or diploma _____

Vocational Training/Other: _____ Location _____

Course of study _____ Did you graduate? Yes No Degree or diploma _____

Continuing Education: _____

Special Training or Skills: _____

Languages, machine operation, etc., that would be of benefit in the job for which you are applying.

SS# _____ - _____ - _____ The Company will make reasonable efforts to safeguard the privacy of this information and will use it only for employment purposes.

References

List names and telephone numbers of three business/work references who are not related to you and are not previous supervisors. If not applicable, list three school or personal references who are not related to you.

Name	Title	Relationship to You	Telephone	E-Mail	Years Known

Applicant Statement

I certify that all the information submitted by me on this application is true and complete, and I understand that if any false or misleading information, omissions or misrepresentations are discovered, my application may be rejected, and if I am employed, my employment may be terminated at any time.

If hired, I agree to conform to the Company's rules and regulations, and I understand that these rules and/or the employee handbook do not form a contract of employment either express or implied, and I agree that my employment and compensation can be terminated, with or without cause and with or without notice, at any time, at either my or the Company's option.

I also understand and agree that the terms and conditions of my employment may be changed, with or without cause and with or without notice, at any time by the Company. I understand that no Company representative, other than its president, and then only when in writing and signed by the president, has any authority to enter into any agreement for employment for any specific period of time, or to make any agreement contrary to the forgoing.

I expressly authorize, without reservation, the employer, its representatives, employees or agents to contact and obtain information from all references (personal and professional), employers, public agencies, licensing authorities and educational institutions and to otherwise verify the accuracy of all information provided by me in this application, resume or job interview. I hereby waive any and all rights and claims I may have regarding the employer, its agents, employees or representatives for seeking, gathering and using truthful and nondefamatory information, in a lawful manner, in the employment process and all other persons, corporations or organizations for furnishing such information about me.

I understand that this application remains current for only 30 days. At the conclusion of that time, if I have not heard from the employer and still wish to be considered for employment, it will be necessary for me to reapply and fill out a new application.

I also understand that, if I am hired, I will be required to provide proof of identity and legal authorization to work in the United States as required by federal immigration laws.

This Company does not tolerate unlawful discrimination or harassment based on sex, race, color, religion, national origin, citizenship, age, disability, or any other protected status under applicable federal, state or local law. No question on this application is used to limit or exclude an applicant from employment consideration on any basis prohibited by applicable federal, state or local law.

Applicant's Signature _____ Date ____/____/____

**Pre-Screening Notice and Certification Request for
the Work Opportunity Credit**

Information about Form 8850 and its separate instructions is at www.irs.gov/form8850.

Job applicant: Fill in the lines below and check any boxes that apply. Complete only this side.

Your name _____ Social security number ▶ _____

Street address where you live _____

City or town, state, and ZIP code _____

County _____ Telephone number _____

If you are under age 40, enter your date of birth (month, day, year) _____

- 1 Check here if you received a conditional certification from the state workforce agency (SWA) or a participating local agency for the work opportunity credit.
- 2 Check here if **any** of the following statements apply to you.
 - I am a member of a family that has received assistance from Temporary Assistance for Needy Families (TANF) for any 9 months during the past 18 months.
 - I am a veteran and a member of a family that received Supplemental Nutrition Assistance Program (SNAP) benefits (food stamps) for at least a 3-month period during the past 15 months.
 - I was referred here by a rehabilitation agency approved by the state, an employment network under the Ticket to Work program, or the Department of Veterans Affairs.
 - I am at least age 18 but **not** age 40 or older and I am a member of a family that:
 - a. Received SNAP benefits (food stamps) for the past 6 months; or
 - b. Received SNAP benefits (food stamps) for at least 3 of the past 5 months, but is no longer eligible to receive them.
 - During the past year, I was convicted of a felony or released from prison for a felony.
 - I received supplemental security income (SSI) benefits for any month ending during the past 60 days.
 - I am a veteran and I was unemployed for a period or periods totaling at least 4 weeks but less than 6 months during the past year.
- 3 Check here if you are a veteran and you were unemployed for a period or periods totaling at least 6 months during the past year.
- 4 Check here if you are a veteran entitled to compensation for a service-connected disability and you were discharged or released from active duty in the U.S. Armed Forces during the past year.
- 5 Check here if you are a veteran entitled to compensation for a service-connected disability and you were unemployed for a period or periods totaling at least 6 months during the past year.
- 6 Check here if you are a member of a family that:
 - Received TANF payments for at least the past 18 months; or
 - Received TANF payments for any 18 months beginning after August 5, 1997, and the earliest 18-month period beginning after August 5, 1997, ended during the past 2 years; or
 - Stopped being eligible for TANF payments during the past 2 years because federal or state law limited the maximum time those payments could be made.
- 7 Check here if you are in a period of unemployment that is at least 27 consecutive weeks and for all or part of that period you received unemployment compensation.

Signature -- All Applicants Must Sign

Under penalties of perjury, I declare that I gave the above information to the employer on or before the day I was offered a job, and it is, to the best of my knowledge, true, correct, and complete.

Job applicant's signature ▶ _____

Date _____

For Employer's Use Only

Employer's name Defiance Metal Products Telephone no. 501-352-1919 EIN ▶ _____

Street address 944 Bypass rd

City or town, state, and ZIP code Heber Springs, AR 72543

Person to contact, if different from above _____ Telephone no. _____

Street address _____

City or town, state, and ZIP code _____

If, based on the individual's age and home address, he or she is a member of group 4 or 6 (as described under *Members of Targeted Groups* in the separate instructions), enter that group number (4 or 6) ▶ _____

Date applicant:
Gave information _____ Was offered job _____ Was hired _____ Started job _____

Under penalties of perjury, I declare that the applicant provided the information on this form on or before the day a job was offered to the applicant and that the information I have furnished is, to the best of my knowledge, true, correct, and complete. Based on the information the job applicant furnished on page 1, I believe the individual is a member of a targeted group. I hereby request a certification that the individual is a member of a targeted group.

Employer's signature ▶ _____ Title _____ Date _____

Privacy Act and Paperwork Reduction Act Notice

Section references are to the Internal Revenue Code. Section 51(d)(13) permits a prospective employer to request the applicant to complete this form and give it to the prospective employer. The information will be used by the employer to complete the employer's federal tax return. Completion of this form is voluntary and may assist members of targeted groups in securing employment. Routine uses of this form include giving it to the state workforce agency (SWA), which will contact appropriate sources to confirm that the applicant is a member of a targeted group. This form may also be given to the Internal Revenue Service for administration of the Internal Revenue laws, to the Department of Justice for civil and

criminal litigation, to the Department of Labor for oversight of the certifications performed by the SWA, and to cities, states, and the District of Columbia for use in administering their tax laws. We may also disclose this information to other countries under a tax treaty, to federal and state agencies to enforce federal nontax criminal laws, or to federal law enforcement and intelligence agencies to combat terrorism.

You are not required to provide the information requested on a form that is subject to the Paperwork Reduction Act unless the form displays a valid OMB control number. Books or records relating to a form or its instructions must be retained as long as their contents may become material in the administration of any Internal Revenue law. Generally, tax returns and return information are confidential, as required by section 6103.

The time needed to complete and file this form will vary depending on individual circumstances. The estimated average time is:
Recordkeeping 6 hr., 27 min.
Learning about the law or the form 24 min.
Preparing and sending this form to the SWA 31 min.

If you have comments concerning the accuracy of these time estimates or suggestions for making this form simpler, we would be happy to hear from you. You can send us comments from www.irs.gov/formspubs. Click on "More Information" and then on "Give us feedback." Or you can send your comments to:

Internal Revenue Service
Tax Forms and Publications
1111 Constitution Ave. NW, IR-6526
Washington, DC 20224

Do not send this form to this address. Instead, see When and Where To File in the separate instructions.