

CLEVELAND STEEL CONTAINER CORPORATION / APPLICATION FOR EMPLOYMENT

Qualified applicants are considered for all positions without discrimination based upon race, color, religion, sex, national origin, age, marital status, or disability.

PERSONAL

PLEASE PRINT

| | | | |
|---|-------|--------|---|
| Last Name | First | Middle | Date |
| Street Address | | | Home Telephone () |
| City, State, Zip | | | Business Telephone () |
| Position Applied For: | | | Social Security Number |
| Have you ever applied or been employed with this Company? ____ Yes ____ No If Yes, When? | | | Are You Over 18? ____ Yes ____ No |
| Are you related to anyone currently working for the Company? ____ Yes ____ No If Yes, please list Name and Relationship: | | | When will you be available to begin work? _____ |

Have you been convicted of a felony? * ____ Yes ____ No

If Yes, describe in full, including dates(s):

—

1. Have you ever illegally sold any narcotics, amphetamines, barbiturates or other dangerous drugs?

Yes No If "yes," give details _____

2. Are you currently using illegal narcotics, amphetamines, barbiturates or other dangerous drugs?

Yes No If "yes," give details _____

*An applicant must answer this question unless the record has been expunged (sealed) pursuant to §2953.31 *et seq.* of the Ohio Revised Code. The question must nevertheless be answered if the nature of such conviction bears a direct and substantial relationship to the position for which the applicant has applied.

SKILLS

If you are an experienced operator of any machines or equipment, please list:

—

EDUCATION

| School | Name and Location of School | Course of Study | No. of Years Completed | Did You Graduate? | Degree or Diploma |
|-------------|-----------------------------|-----------------|------------------------|---------------------|-------------------|
| Elementary | | | | ____ Yes ____ No | |
| High School | | | | ____ Yes ____ No | |
| College | | | | ____ Yes ____ No | |
| Graduate | | | | ____ Yes ____ No | |

List scholastic achievements, organizations and internships:

| EMPLOYMENT (continued) | |
|--|--|
| Company Name | Telephone () |
| Address | Employed - (state month and year) From To |
| Name of Supervisor | Compensation Start Last |
| State Job Title and Describe Your Work | Reason for Leaving |

Please Read Carefully Before Signing

I understand that any false statements upon this application no matter when discovered, will result in termination from employment with the Company should I become an employee.

I understand and agree that, if hired, my employment with the Company is for no definite period and may be terminated at any time for any reason without prior notice. Just as I may resign my employment at any time, for any reason, the Company will have full right and authority to terminate my employment within its sole discretion. I understand and agree that the terms and conditions of my employment, if hired, can only be varied from this "at-will" arrangement through written documentation from an officer of the Company specifically authorized to make such contracts.

I also understand and agree that the Company has the right to modify, amend, or terminate policies, procedures, rules, and benefit plans in its discretion and/or a manner consistent with requirements imposed by law.

I acknowledge and agree that, should I receive an initial offer of employment, such offer is contingent upon my completion of a medical examination upon request by the Company which includes testing for the use and/or abuse of drugs and alcohol to confirm my ability to perform the essential functions of the position(s) for which I am being considered. I understand that my refusal to undergo such examination (including drug/alcohol testing) or my failure to test negative on the drug/alcohol test will preclude me from obtaining and continuing employment with the Company. Further, I hereby authorize and agree that all medical information obtained in association with this pre-placement examination shall be released from the appropriate medical personnel to the Company and release and hold harmless all persons, companies, and other entities conducting such examination from all liability(ies) and damages whatsoever in association with such examination.

I understand that this application for employment shall be considered active for a period of time not to exceed two (2) months. I understand that, if I wish to be considered for employment beyond this time, I should contact the Company to inquire as to whether applications are being accepted for positions at such time.

I understand and accept the conditions in this statement.

DATE

SIGNATURE OF APPLICANT