

SCHNITZER STEEL INDUSTRIES, INC.



APPLICATION FOR EMPLOYMENT





SCHNITZER STEEL INDUSTRIES, INC. APPLICATION FOR EMPLOYMENT

Thank you for your interest in Schnitzer Steel Industries, Inc. and its affiliates and subsidiaries! Our Company is an equal opportunity employer. Employment decisions are made without regard to race, color, sex, national origin or ancestry, religion, marital status, age, physical or mental disabilities, veteran status, sexual orientation or on the basis of any other characteristic or status prohibited by applicable federal, state, or local laws.

Should you have any questions, or need any assistance or accommodation completing our application or participating in our application process, please do not hesitate to ask.

Please be advised that this application will be considered only for the specific job for which you are applying. And while we would like to respond to all applicants - we simply cannot due to the volume of applications we receive. Thank you for your understanding.

Please remember to complete this application in its entirety. Incomplete applications generally are not considered or accepted. Sorry, generally attached resumes are not accepted as a substitute for completing the application.

BASIC INFORMATION	
Specific position for which applying:	Date:
Full Name:	
Street Address:	
City, State, Zip Code:	Email Address:
Home Phone:	Daytime or Message Phone:
Are you over 18 years of age? <input type="checkbox"/> Yes <input type="checkbox"/> No	If under 18, state your age:
How did you become aware of this opening?	
Are you related to, or know anyone who currently works or has worked for this Company? <input type="checkbox"/> Yes <input type="checkbox"/> No	
If yes, please list their name, work location and position:	
Are you legally authorized to work within the United States? <i>Proof of eligibility is required upon hire.</i> <input type="checkbox"/> Yes <input type="checkbox"/> No	
Are there circumstances that would prevent you from starting work immediately? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Have you ever applied to the Company before? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, dates:	
Have you ever worked for the Company before? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, dates and positions held:	

EDUCATION					
	School Name	Location	Major/ Minor	# of Years Completed	Degree or Diploma Yes No
High School or GED					
Bus. College/Trade School					
College or University					
Graduate School					

What skills, training and work experience qualify you for the position for which you are applying?

EMPLOYMENT HISTORY	
<p>This entire section must be completed. List all work experience, paid or unpaid, beginning with your current or most recent job (including military experience) for the past 10 years. Explain any periods of unemployment. Describe each job separately, emphasizing your specific technical skills and other responsibilities. If more space is needed, please use the supplemental sheets at the end of this application. Again, do not substitute attached resumes.</p>	
Current or Most Recent Position	
Employer or Temp Agency	From (month) (year)
Address (street, city, state, zip)	To (month) (year)
Starting Title	<input type="checkbox"/> Full-time <input type="checkbox"/> Part-time
Ending Title	Start Salary Last Salary
Supervisor's Name	
Supervisor's Telephone	May we contact this employer at this time? <input type="checkbox"/> Yes <input type="checkbox"/> No
If "no" please explain	
Duties and Responsibilities (be specific and do not refer to resume or attachment):	
Reason for Leaving:	

EMPLOYMENT HISTORY (continued)

Employer or Temp Agency

From

(month)

(year)

Address (street, city, state, zip)

To

(month)

(year)

☐ Full-time☐ Part-time

Starting Title

Ending Title

Start Salary

Last Salary

Supervisor's Name

Supervisor's Telephone

May we contact this employer at this time?

☐ Yes☐ No

Duties and Responsibilities (be specific and do not refer to resume or attachment):

Reason for Leaving:

EMPLOYMENT HISTORY (continued)

Employer or Temp Agency

From

(month)

(year)

Address (street, city, state, zip)

To

(month)

(year)

☐ Full-time☐ Part-time

Starting Title

Ending Title

Start Salary

Last Salary

Supervisor's Name

Supervisor's Telephone

May we contact this employer at this time?

☐ Yes☐ No

Duties and Responsibilities (be specific and do not refer to resume or attachment):

Reason for Leaving:

EMPLOYMENT HISTORY (continued)

Employer or Temp Agency	From	(month)	(year)
Address (street, city, state, zip)	To	(month)	(year)
Starting Title	<input type="checkbox"/> Full-time <input type="checkbox"/> Part-time		
Ending Title	Start Salary	Last Salary	
Supervisor's Name	May we contact this employer at this time? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Supervisor's Telephone			
Duties and Responsibilities (be specific and do not refer to resume or attachment):			
Reason for Leaving:			

ADDITIONAL INFORMATION

<p>Days/hours available to work:</p> <p><input type="checkbox"/> Sunday _____ to _____</p> <p><input type="checkbox"/> Monday _____ to _____</p> <p><input type="checkbox"/> Tuesday _____ to _____</p> <p><input type="checkbox"/> Wednesday _____ to _____</p> <p><input type="checkbox"/> Thursday _____ to _____</p> <p><input type="checkbox"/> Friday _____ to _____</p> <p><input type="checkbox"/> Saturday _____ to _____</p> <p>Are you available to work all shifts?</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>	<p>Can you work full-time? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Can you work part-time? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Can you work overtime? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>On what date are you available to start: _____</p> <p>Salary Requirements: \$ _____ <input type="checkbox"/> Hour or <input type="checkbox"/> Annual</p>
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To the extent permitted by law, tell us whether you ever have been convicted of a crime. ☐ No ☐ Yes. If yes, please explain. (A conviction will not automatically disqualify you from employment. Rather, the nature and severity of the offense, the time which has passed since it was committed, and the duties of the position for which you have applied, together with other factors deemed appropriate by the Company, are taken into account.)

(For safety reasons, it is our policy to perform criminal investigation checks on all persons prior to beginning work. In addition, after employment begins, the Company reserves the right to periodically perform criminal investigation checks. Upon written request, you are told if such a report was requested and the name and address of the reporting agency used).

Some positions require employees to operate motor vehicles while on Company business. **If applicable to the job** for which you are applying, do you have a valid driver's license? ☐ Yes ☐ No.

If yes, state issued: _____ Expiration Date: _____



SCHNITZER STEEL INDUSTRIES, INC. CONSENT FOR PRE-EMPLOYMENT DRUG SCREEN

Our Company and its affiliates and subsidiaries have a policy requiring that employees work alcohol and controlled substance free. Should you successfully complete our interview process, and an offer of employment is extended, you will be required to successfully complete a pre-employment drug screen prior to beginning employment.

Please review the following conditions and acknowledge by your signature that you agree to the terms of our pre-employment drug screen:

I understand that should I decline to sign this consent form, and thereby decline to take the required pre-employment drug screen, my application will be rejected by the Company.

I understand that should I give my consent to submit to a pre-employment drug screen, the test results will be released to authorized personnel, for appropriate review, and will be used to determine my eligibility for employment. I agree to allow the release of such information.

I understand that should I test positive on the pre-employment drug screen, my application will be rejected by the Company.

I do (___) do not (___) voluntarily consent to submit to a pre-employment drug screen.

Signature of Applicant

Date



SCHNITZER STEEL INDUSTRIES, INC. IMMIGRATION REFORM AND CONTROL ACT OF 1986

Thank you for your interest in Schnitzer Steel Industries, Inc.! This notice is to inform you that should you be offered a position with our Company, in order to comply with the Immigration Reform and Control Act of 1986, you will be required to verify your identity and employment authorization to work in the United States on your first day of employment.

Federal law requires that the Company and each newly hired employee complete an Employment Eligibility Verification form (I-9). In order to satisfy this requirement, you will be required to provide the Company with the following information on your first day of work:

One original document from List A

OR

One original document from List B **AND** one original document from List C

<u>List A</u> Documents that Establish Identity and Employment Eligibility	<u>List B</u> Documents that Establish Identity	<u>List C</u> Documents that Establish Employment Eligibility
1. U.S. Passport	1. Driver's license or ID card issued by a state or outlying possession of the United States with photograph, or information such as name, date of birth, sex, height, eye color, and address	1. U.S. social security card issued by the Social Security Administration (other than a card stating it is not valid for employment).
2. Certificate of U.S. Citizenship		
3. Certificate of Naturalization		
4. Unexpired foreign passport, with I-551 stamp or attached INS Form I-94	2. School ID card with a photograph.	2. Certification of Birth Abroad issued by the Department of State
5. Alien Registration Receipt Card with photograph	3. Voter's registration card	3. Original or certified copy of a birth certificate issued by a state, county, municipal authority or outlying possession of the U.S. bearing an official seal.
6. Unexpired Temporary Resident	4. U.S. Military card or draft record	

*Please note, this is an overview of the list and may not be all inclusive. If you have any questions, please feel free to contact our staff for assistance.

Again, thank you for your interest in Schnitzer Steel Industries, Inc.



SCHNITZER STEEL INDUSTRIES, INC. APPLICANT REGISTER FORM

Companies that have contracts and/or subcontracts with the federal government are required to provide information to the government regarding their hiring and employment of women and minorities. Schnitzer Steel Industries, Inc. is an equal opportunity employer, which means all employment decisions are made without regard to race, color, sex, national origin or ancestry, religion, marital status, age, physical or mental disabilities, veteran status, or on the basis of any other status or characteristic protected under federal, state or local laws. Because some of our locations have federal contracts, we are also required to report this information. The information we are requesting on this form is needed to comply with these requirements.

Although providing this information is strictly voluntary, your cooperation is greatly appreciated. Please be assured that failure to supply information will not affect your eligibility for employment and that any information provided will be kept strictly confidential. Thank you for your understanding and cooperation!

Please Print:

Date: _____

Name: _____

Address: _____

City, State, Zip Code: _____

Job Applying For: _____

Sex: _____ Male _____ Female

Race:

_____ Hispanic or Latino _____ White _____ Black or African American _____ Asian

_____ American Indian or Alaskan Native _____ Native Hawaiian or Pacific Islander

_____ Two or More Races

How were you referred to us?

_____ Newspaper _____ Union _____ Employment Agency

_____ Former Employee _____ College Posting _____ Employee Referral

_____ Walk-in _____ State Employment Department

_____ Job Board/Internet _____ Other



SCHNITZER STEEL INDUSTRIES, INC APPLICANT ACKNOWLEDGEMENT FORM

Thank you for taking the time to complete our Employment Application. Please read each statement, and sign your name below to acknowledge you understand the terms and conditions upon submitting your application.

I certify that all answers to questions in this application and all additional information I may have submitted are true and complete to the best of my knowledge. I authorize an investigation of all statements and material submitted. I release from all liability or responsibility this Company, its agents, and all persons, companies, corporations, or public agencies providing information to the Company about me. I understand that giving false information, misrepresented facts, and material omissions may be grounds for denial of employment or discharge if hired.

I understand that employment may be conditioned upon a satisfactory pre-employment drug test and I hereby consent to such test at such time I am offered a position. I understand that if I refuse to take, or should I fail the pre-screen drug test, I will not be considered for employment. I further understand that if I am employed, I will be subject to drug and alcohol testing should the Company determine there is reasonable cause to believe I may be using illegal drugs or that I am working under the influence of illegal drugs or alcohol. I understand that I may be subject to post accident and random testing, pursuant to the Company drug and alcohol policy.

If my employment is conditioned upon a satisfactory health evaluation, I consent to such a physical examination by a doctor selected by the Company.

I believe I am physically and mentally able to perform the essential functions of the job for which I have applied, with or without reasonable accommodation.

If employed by the Company, I agree to comply with all work-related requirements set forth by the Company.

If employed, I understand that I retain the option, as does the Company, of ending my employment with the Company at any time, with or without notice and with or without cause. As such, to the extent permitted by law, my employment with the Company is "at-will" and neither this application nor any other oral or written representations may be considered a contract for other than at-will employment or for any specific period of time. I understand that no manager or representative of the Company, other than in writing signed by the President of the Company, has any authority to enter into an agreement of employment for any specified period of time or contrary to the above terms and conditions of employment.

I hereby acknowledge that I have read and understand the above statements.

PLEASE NOTE: INCOMPLETE APPLICATIONS WILL NOT BE CONSIDERED. DO NOT SUBSTITUTE REFERENCES TO RESUMES OR ATTACHMENTS.

Applicant's Signature

Date

FOR OFFICE USE ONLY:

Interviewed by: _____

Drug Screen: _____

Offer Made: _____

Start Date: _____

APPLICANT NAME: _____
POSITION: _____
DATE: _____

EMPLOYMENT HISTORY – SUPPLEMENTAL SHEET

Employer or Temp Agency	From	(month)	(year)
Address (street, city, state, zip)	To	(month)	(year)
Starting Title	Ending Title	<input type="checkbox"/> Full-time	<input type="checkbox"/> Part-time
Supervisor's Name	Start Salary	Last Salary	
Supervisor's Telephone	May we contact this employer at this time? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Duties and Responsibilities (be specific and do not refer to resume or attachment):			
Reason for Leaving:			

Employer or Temp Agency	From	(month)	(year)
Address (street, city, state, zip)	To	(month)	(year)
Starting Title	Ending Title	<input type="checkbox"/> Full-time	<input type="checkbox"/> Part-time
Supervisor's Name	Start Salary	Last Salary	
Supervisor's Telephone	May we contact this employer at this time? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Duties and Responsibilities (be specific and do not refer to resume or attachment):			
Reason for Leaving:			

APPLICANT NAME: _____
POSITION: _____
DATE: _____

EMPLOYMENT HISTORY – SUPPLEMENTAL SHEET

Employer or Temp Agency	From	(month)	(year)
Address (street, city, state, zip)	To	(month)	(year)
Starting Title	Ending Title	<input type="checkbox"/> Full-time	<input type="checkbox"/> Part-time
Supervisor's Name	Start Salary	Last Salary	
Supervisor's Telephone	May we contact this employer at this time? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Duties and Responsibilities (be specific and do not refer to resume or attachment):			
Reason for Leaving:			

Employer or Temp Agency	From	(month)	(year)
Address (street, city, state, zip)	To	(month)	(year)
Starting Title	Ending Title	<input type="checkbox"/> Full-time	<input type="checkbox"/> Part-time
Supervisor's Name	Start Salary	Last Salary	
Supervisor's Telephone	May we contact this employer at this time? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Duties and Responsibilities (be specific and do not refer to resume or attachment):			
Reason for Leaving:			



SCHNITZER STEEL INDUSTRIES, INC. EMPLOYEE BACKGROUND CHECKS AND CONSUMER REPORTS

In connection with your employment with Schnitzer Steel Industries, Inc. (the "Company"), a background check and consumer reports may be requested that may include information as to your character, work habits, performance, and experience, along with reasons for termination of past employment. Please review the following information and agree to authorize the Company to obtain these reports:

- I. I understand that as directed by Company policy and considering my job description, the Company may be requesting information from public and private sources about my: driving, criminal, court, credit records (where related to the position I am seeking), education, credentials, and references.
- II. According to the Fair Credit Reporting Act, I am entitled to know if an adverse employment action is being taken because of information obtained by the Company from a consumer reporting agency. If so, I will be notified and given the name and address of the agency or the source which provided the information.
- III. I acknowledge that a telephonic facsimile (FAX) or photographic copy of this release shall be as valid as the original. This release is valid for most federal, state and county agencies including the Minnesota Department of Law.
- IV. Minnesota, Oklahoma and California applicants or employees only: I understand that to order a copy of the report(s) I can check this box ☐. The report(s) will be sent to me by the reporting agency at the address below. The reports are processed by: DDS, 7618 17th Avenue, Brooklyn, NY 11214, 1-800-647-7999.
- V. New York applicants or employees only: I understand that I have the right to learn, upon request, whether a consumer report actually was requested from DDS, whose address is provided in Section IV.
- VI. I hereby authorize, without reservation, any law enforcement agency, institution or information service bureau, contacted by Schnitzer Steel Industries, Inc. or its agent, to furnish the information described in Section I.

The following information is required by law enforcement agencies and other entities for positive identification purposes when checking public records. It is confidential and will not be used for any other purposes.

I hereby release the Company and its agents and all persons, agencies, and entities providing information or reports about me from any and all liability arising out of the requests for or release of any of the above mentioned information or reports.

Please print your full name: LAST FIRST MIDDLE

Please print other names you have used (maiden names, for example)

Home Address City State Zip Code

Social Security Number Signature Date

Para informacion en español, visite www.ftc.gov/credit o escriba a la FTC Consumer Response Center, Room 130-A 600 Pennsylvania Ave. N.W., Washington, DC 20580.

A Summary of Your Rights Under the Fair Credit Reporting Act

The federal Fair Credit Reporting Act (FCRA) promotes the accuracy, fairness and privacy of information in the files of consumer reporting agencies. There are many types of consumer reporting agencies, including credit bureaus and specialty agencies (such as agencies that sell information about check writing histories, medical records, and rental history records). Here is a summary of your major rights under the FCRA. For more information, including information about additional rights, go to www.ftc.gov/credit or write to: Consumer Response Center, Room 130-A, Federal Trade Commission, 600 Pennsylvania Ave. N.W., Washington, DC 20580.

You must be told if information in your file has been used against you. Anyone who uses a credit report or another type of consumer report to deny your application for credit, insurance, or employment – or to take another adverse action against you – must tell you, and must give you the name, address and phone number of the agency that provided the information.

You have the right to know what is in your file. You may request and obtain all the information about you in the files of a consumer reporting agency (your "file disclosure"). You will be required to provide proper identification, which may include your Social Security number. In many cases, the disclosure will be free. You are entitled to a free file disclosure if:

- A person has taken adverse action against you because of information in your credit report;
- You are the victim of identity theft and place a fraud alert in your file;
- Your file contains inaccurate information as a result of fraud;
- You are on public assistance;
- You are unemployed but expect to apply for employment within 60 days.

In addition, by September 2005 all consumers will be entitled to one free disclosure every 12 months upon request from each nationwide credit bureau and from nationwide specialty consumer reporting agencies. See www.ftc.gov/credit for additional information.

You have the right to ask for a credit score. Credit scores are numerical summaries of your credit worthiness based on information from credit bureaus. You may request a credit score from consumer reporting agencies that create scores or distribute scores used in residential real property loans, but you will have to pay for it. In some mortgage transactions, you will receive credit score information for free from the mortgage lender.

You have the right to dispute incomplete or inaccurate information. If you identify information in your file that is incomplete or inaccurate and report it to the consumer reporting agency, the agency must investigate unless your dispute is frivolous. See www.ftc.gov/credit for an explanation of dispute procedures.

Consumer reporting agencies must correct or delete inaccurate, incomplete or unverifiable information. Inaccurate, incomplete or unverifiable information must be removed or corrected, usually within 30 days. However, a consumer reporting agency may continue to report information it has verified as accurate.

Consumer reporting agencies may not report outdated negative information. In most cases, a consumer reporting agency may not report negative information that is more than seven years old, or bankruptcies that are more than 10 years old.

Access to your file is limited. A consumer reporting agency may provide information about you only to people with a valid need – usually to consider an application with a creditor, insurer, employer,

landlord, or other business. The FCRA specifies those with a valid need for access.

You must give your consent for reports to be provided to employers. A consumer reporting agency may not give out information about you to your employer, or a potential employer, without your written consent given to the employer. Written consent generally is not required in the trucking industry. For more information, go to www.ftc.gov/credit.

You may limit "prescreened" offers of credit and insurance you get based on information in your credit report. Unsolicited "prescreened" offers for credit and insurance must include a toll-free phone number you can call if you choose to remove your name and address from the lists these offers are based on. You may opt-out with the nationwide credit bureaus at 1-888-567-8688.

You may seek damages from violators. If a consumer reporting agency, or, in some cases, a user of consumer reports or a furnisher of information to a consumer reporting agency violates the FCRA, you may be able to sue in state or federal court.

Identity theft victims and active duty military personnel have additional rights. For more information, visit www.ftc.gov/credit.

States may enforce the FCRA, and many states have their own consumer reporting laws. In some cases, you may have more rights under state law. For more information, contact your state or local consumer protection agency or your state Attorney General. Federal enforcers are:

TYPE OF BUSINESS:	CONTACT:
Consumer reporting agencies, creditors and others not listed below	Federal Trade Commission: Consumer Response Center - FCRA Washington, DC 20580 1-877-382-4357
National banks, federal branches/agencies of foreign banks (word "National" or initials "N.A." appear in or after bank's name)	Office of the Comptroller of the Currency Compliance Management Mail Stop 6-6 Washington, DC 20219 1-800-613-6743
Federal Reserve System member banks (except national banks and federal branches/agencies of foreign banks)	Federal Reserve Board Division of Consumer & Community Affairs Washington, DC 20551 202-452-3693
Savings associations and federally chartered savings banks (word "Federal" or initials "F.S.B." appear in federal institution's name)	Office of Thrift Supervision Consumer Complaints Washington, DC 20552 800-842-6929
Federal credit unions (words "Federal Credit Union" appear in institution's name)	National Credit Union Administration 1775 Duke Street Alexandria, VA 22314 703-519-4600
State-chartered banks that are not members of the Federal Reserve System	Federal Deposit Insurance Corporation Consumer Response Center 2345 Grand Avenue, Suite 100 Kansas City, Missouri 64108-2638 1-877-275-3342
Air, surface, or rail common carriers regulated by former Civil Aeronautics Board or Interstate Commerce Commission	Department of Transportation Office of Financial Management Washington, DC 20590 202-366-1306
Activities subject to the Packers and Stockyards Act of 1921	Department of Agriculture Office of Deputy Administrator - GIPSA Washington, DC 20250 202-720-7051