

# For application status please call (605) 965-4270 or email at hr@siouxsteel.com

We are an equal employment opportunity company dedicated to a culture of that does not discriminate because of race, color, religion, sex, age, national origin, disability, military service, LGBTQ, or any other protected characteristic as established by law.

# PERSONAL INFORMATION

Name		Date	
Last	First	Middle	
Home Phone Number:		Cell Phone Number:	
Address Street			
Street	City	State	Zip
Permanent Address	City		
Street	City	State	Zip
Email Address			
Give the name(s) of any relat	ives currently employed by Siou	x Steel Company or Koyker	
Referral Source			
EMPLOYMENT DESIREI		: Koyker LivestockProTec—Fusion	
	Sioux Steel –Sioux Fal	lls	
First Shift	Second Shift Any	Shift	
Full Time	] Temporary 🔲 Summer Wor	k 🗌 Part-time	
Position		Date you can start	
Are you employed now?	Yes 🗌 No If so, ma	ay we contact your employer? 🗌 Yes	No
If hired, can you provide proc	of you are eligible to work in the	United States?	

Although management makes every effort to accommodate individual preferences, business needs may at times make the following conditions mandatory: overtime, shift work, a rotating schedule other than Monday through Friday. I understand and accept these as conditions of employment.

# EDUCATION/TRAINING

	Post Secondary School	Circle Last Year Completed	Subjects Studied and Degree(s) Received	Did you graduate?
High School		1 2 3 4		
College		1 2 3 4		
Trade, Business or Correspondence School		1 2 3 4		

### Other special training you have received that make you suited for work at our companies (welding, painting, shipping, etc,)

Training	Place	e	Date	
Training	Place	e	Date	
Are you an Armed Forces Veteran?  Yes No Have you ever been convicted of a felony? Yes	🗌 No	Length of Service:		Years

# EMPLOYMENT RECORD

Have you previously b	been employed at Sioux Steel or Kovker?	Which company
riave you previously t	been employed at Sloux Steel of Royker:	w men company

Date of employment
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Position \_\_\_\_\_

List below your last four employers, starting with most recent or current position.

Date: Month and Year	Name and Address of Employer	Salary	Duties of Position	Reason for Leaving
From		\$		
То				
From		\$		
То				
From		\$		
То				
From		\$		
То				

#### REFERENCES

Below give the names of three employers whom we may contact.

1.			
	Employer/Supervisor	Company	Telephone
2.			•
	Employer/Supervisor	Company	Telephone
3.			
	Employer/Supervisor	Company	Telephone

# PERSONAL RECORD

I hereby consent to a medical exam as requested by Sioux Steel Companies or Koyker as a condition of potential or continuing employment. I hereby consent to alcohol and drug testing as a condition of potential or continuing employment. I agree that Sioux Steel Company

and/or Koyker Manufacturing may conduct alcohol or drug screening at its discretion with or without notice. I also understand that refusal to submit to an alcohol/drug screening may result in disciplinary action up to and including termination.

I authorize investigation of all statements contained in this application. I understand that misrepresentation or omission of facts called for is cause for dismissal. Further, I understand and agree that my employment is for no definite period and may be terminated at any time without any previous notice. I also understand that any employment-related claims against OEM must be filed within six months of the disputed action.

Another number at which I may be reached: Name		Phone
Date	Signature	



# **NOTICE OF PHYSICAL REQUIREMENTS FOR EMPLOYMENT**

# Position: Entry Level Plant Worker

Manufacture farm equipment. Employee must operate various machine equipment. Extensive handling requirements are included in this position.

PHYSICAL REQUIREMENTS INCLUDE:

- Walking/ Standing: Up to 8-10 hours per day •
- Lifting: Frequently lift 50 pounds. •
- Frequent simple grasping, bending, carrying and kneeling
- Occasional climbing and reaching above shoulder level. •

The physical requirements of an ENTRY LEVEL PLANT WORKER have been explained to me. I know of no reason why I cannot work in this job without injuring myself. I realize that providing false information is grounds for termination.

I understand that my employment with Sioux Steel Companies and Koyker Manufacturing is contingent upon the successful completion of a pre-placement physical.

NAME:		
Signature:	Date:	

# **NOTICE OF DRUG and ALCOHOL TESTING**

I understand that my employment with Sioux Steel Companies and/ or Koyker Manufacturing is contingent upon the successful completion of a pre-placement drug/alcohol test.

I understand that my continuing employment with Sioux Steel Companies and/or Koyker Manufacturing is contingent upon submission to and successful completion of drug/alcohol tests as required by the company. The company participates in random, post accident and reasonable suspicion drug testing.

I understand that if I am employed by Sioux Steel Companies and/or Koyker Manufacturing any positive drug/alcohol test for reasonable suspicion, post accident, or random, at any time after hire will result in disciplinary action up to and including termination.

Signature: Date: