

## A PRE-EMPLOYMENT QUESTIONNAIRE

This Application must be filled out completely and accurately. Failure to do so will result in the applicant being ineligible for employment with American Zinc Recycling Corp. Inaccurate, untruthful, false, or misleading responses will result in the applicant being ineligible for employment with American Zinc Recycling Corp. Any inaccurate, untruthful, false, or misleading response discovered after the applicant is offered a position or hired is grounds for immediate discharge.

### AN EQUAL OPPORTUNITY EMPLOYER

AMERICAN ZINC RECYCLING CORP. considers applicants for all positions without regard to race, color, religion, gender, national origin, age, disability, marital status, veteran status, or any other legally protected status.

Check location for  
which you are  
applying.

- ☐ 300 Frankfort Road, Monaca, PA 15061 (724) 774-1020  
☐ 11<sup>th</sup> & Virginia Streets, Bartlesville, OK 74003 (918) 336-7100  
☐ Old Highway 90, Rose City, Vidor, TX 77704 (409) 768-1217  
☐ 2701 E. 114<sup>th</sup> Street, Chicago, IL 60617 (773) 933-9260  
☐ 550 Clymersville Road, Rockwood, TN 37854 (865) 354-0955  
☐ 900 Delaware Avenue, Palmerton, PA 18071 (610) 826-8639  
☐ 941 Technology Dr., Barnwell, SC 298129

POSITION OR TYPE OF EMPLOYMENT DESIRED: \_\_\_\_\_

Check one:

Full-Time \_\_\_\_\_ Part-Time \_\_\_\_\_ Full-Time Temporary \_\_\_\_\_ Part-Time Temporary \_\_\_\_\_ Summer Employment \_\_\_\_\_

Please answer all questions. **Please Print or Type.** If a question does not apply, insert or check N/A. If you have a resume, please attach it to this application.

### BASIC INFORMATION

Name (Last, First, Middle)			Address (No. and Street)	
City	State	Zip	Telephone No.	Social Security No.
			Check, if unlisted _____	

Are you currently employed?

Yes \_\_\_\_\_ No \_\_\_\_\_

If Yes, may we inquire of you present employer?

Yes \_\_\_\_\_ No \_\_\_\_\_

Are you more than 18 years of age?

Yes \_\_\_\_\_ No \_\_\_\_\_

If you are under 18 years of age, can you provide required proof of your eligibility?

Yes \_\_\_\_\_ No \_\_\_\_\_

Are you a citizen of the United States?

Yes \_\_\_\_\_ No \_\_\_\_\_

If No, are you legally eligible for employment in the United States?

Yes \_\_\_\_\_ No \_\_\_\_\_

Have you previously worked for Horsehead Corp. or its predecessor companies?

Yes \_\_\_\_\_ No \_\_\_\_\_

If Yes, when? \_\_\_\_\_

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Have you ever applied for employment with American Zinc Recycling Corp.?

Yes \_\_\_\_

No \_\_\_\_

If Yes, when? \_\_\_\_\_

Are you able to work with minimal supervision?

Yes \_\_\_\_ No \_\_\_\_

Are you able to work rotating shifts?

Yes \_\_\_\_ No \_\_\_\_

Are you able to drive mobile equipment safely?

Yes \_\_\_\_ No \_\_\_\_

Are you able to work overtime on a routine basis (overtime may include up to an additional 8 hrs. per day)?

Yes \_\_\_\_ No \_\_\_\_

Are you able to lift 50 lbs. repeatedly, and up to 100 lbs. occasionally?

Yes \_\_\_\_ No \_\_\_\_

Are you able to carry 75 lbs. over a distance of 25 feet?

Yes \_\_\_\_ No \_\_\_\_

Are you able to carry 25 lbs. over a distance of 150 feet?

Yes \_\_\_\_ No \_\_\_\_

Are you able to carry 50 lbs. up four flights of stairs?

Yes \_\_\_\_ No \_\_\_\_

Are you able to push or pull heavy loads?

Yes \_\_\_\_ No \_\_\_\_

Are you able to perform repetitive hand/arm motions?

Yes \_\_\_\_ No \_\_\_\_

Are you able to use simple hand tools?

Yes \_\_\_\_ No \_\_\_\_

Are you able to shovel heavy material for prolonged periods?

Yes \_\_\_\_ No \_\_\_\_

Are you able to climb multiple flights of stairs?

Yes \_\_\_\_ No \_\_\_\_

Are you able to climb ladders?

Yes \_\_\_\_ No \_\_\_\_

Are you able to tolerate working in hot areas for prolonged periods?

Yes \_\_\_\_ No \_\_\_\_

Are you able to tolerate working in cold areas for prolonged periods?

Yes \_\_\_\_ No \_\_\_\_

Are you able to work in areas with very low headroom (crouching or on knees)?

Yes \_\_\_\_ No \_\_\_\_

Are you able to work in confined spaces?

Yes \_\_\_\_ No \_\_\_\_

Are you able to walk through narrow plant passageways?

Yes \_\_\_\_ No \_\_\_\_

Are you able to walk on elevated grating walkways?

Yes \_\_\_\_ No \_\_\_\_

Are you able to work in areas with high levels of nuisance dust?

Yes \_\_\_\_ No \_\_\_\_

Are you able to work in close proximity to powerful electrical equipment?

Yes \_\_\_\_ No \_\_\_\_

Are you able to wear a respirator while working for prolonged periods?

Yes \_\_\_\_ No \_\_\_\_

Are you able to wear flame retardant and other protective clothing and safety equipment (safety glasses, steel toe shoes, face shield, gloves, etc.)?

Yes \_\_\_\_ No \_\_\_\_

Are you able to wear earplugs?

Yes \_\_\_\_ No \_\_\_\_

Are you able to hear and understand alarms and PA announcements?

Yes \_\_\_\_ No \_\_\_\_

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## BASIC INFORMATION – Con't.

In case of an emergency, who may we contact?

Name \_\_\_\_\_  
 Address \_\_\_\_\_  
 Phone No. \_\_\_\_\_  
 Relationship \_\_\_\_\_

Do you have transportation to report to work as scheduled by Horsehead Corp.? Yes \_\_\_ No \_\_\_

Have you been convicted of a felony within the last 7 years? Yes \_\_\_ No \_\_\_

If Yes, please explain \_\_\_\_\_  
 An affirmative response does not automatically disqualify an applicant from employment unless  
 nature of conviction is relevant to job responsibilities.

Do you currently use tobacco products? Yes \_\_\_ No \_\_\_

Wages Expected \$ \_\_\_\_\_ / \_\_\_\_\_

## EDUCATION

Name and Address	Course of Study	Years Completed (circle one ) 1 2 3 or 4	Diploma Degree
High School			
Undergraduate College		1 2 3 or 4	
Graduate/Professional		1 2 3 or 4	
Business, Trade, or Other (Specify)		1 2 3 or 4	

## SPECIALIZED SKILLS/TRAINING

List all specialized skills and/or training that is job-related to the position for which you are applying.


## UNITED STATES MILITARY EXPERIENCE

Branch of Service	Military Occupation/Specialty	Highest Rank/Grade

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## WORK HISTORY

List all Full-Time, Part-Time, and Summer Employment, beginning with the most recent employer.

Company Name		Address		Telephone No.	Date Employed: From:    To:
Title	Supervisor		Reason for Leaving		
Your responsibilities					Wages\$/hr.

Company Name		Address		Telephone No.	Date Employed: From:    To:
Title	Supervisor		Reason for Leaving		
Your responsibilities					Wages \$/hr.

Company Name		Address		Telephone No.	Date Employed: From:    To:
Title	Supervisor		Reason for Leaving		
Your responsibilities					Wages \$/hr.

Company Name		Address		Telephone No.	Date Employed: From:    To:
Title	Supervisor		Reason for Leaving		
Your responsibilities					Wages \$/hr.

Company Name		Address		Telephone No.	Date Employed: From:    To:
Title	Supervisor		Reason for Leaving		
Your responsibilities					Wages \$/hr.

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<b>REFERENCES (Optional)</b>
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List three (3) individuals, excluding relatives, who may be contacted to attest your professional abilities and work accomplishments.

Name	Address	Telephone No.	Title
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Name	Address	Telephone No.	Title
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Name	Address	Telephone No.	Title
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EMPLOYMENT – PAGE 6**

**PLEASE READ THE FOLLOWING STATEMENTS CAREFULLY AND SIGN:  
IF YOU HAVE ANY QUESTIONS, PLEASE ASK THE EMPLOYMENT REPRESENTATIVE.**

**AGREEMENT**

1. I understand, if employed, I must show documentation as required by Federal Law that I am legally authorized to work in the United States.
2. I understand that once an employment offer is made, I will be required to participate in a physical examination at the Company's expense and the employment offer is conditional upon a favorable health evaluation under the direction of the Company physician.
3. I further authorize American Zinc Recycling Corp. to receive any and all medical information from the aforementioned physical examination and also authorize the Company physician to provide to the Company any and all such information obtained during and as a result of the physical examination.
4. I understand I will be required to participate in drug screening tests in which a positive and confirmed test result will exclude me from being considered for employment by American Zinc Recycling Corp..
5. **I understand that if I become employed by American Zinc Recycling Corp., that my employment is at will and my employment and compensation may be terminated with or without cause and with or without notice at any time at the discretion of American Zinc Recycling Corp. or myself. I understand that no management official other than the President of the Company has any authority to enter into any agreement contrary to the foregoing or make any oral assurance or promise of continued employment. (Note: Those employees covered by a collective bargaining agreement have certain conditions of employment that may alter the at-will nature of their position.)**
6. I further understand that, if employed, I will be required to execute an agreement relating to confidentiality, conflicts of interest, inventions and proprietary information. Failure or refusal to execute the required agreements may result in my dismissal.
7. I certify that all statements made by me on this Application for Employment including information provided during the hiring process, information provided as part of my post-offer, and pre-employment physical are true and correct to the best of my knowledge and belief. I also agree that **any misrepresentation, falsification or omission of facts therein, may result in a withdrawal of any offer of employment or my dismissal if I already have accepted the offer or am employed.**

**RELEASE**

1. I authorize American Zinc Recycling Corp. to contact the references who I have provided to attest my qualifications and employment record.
2. In addition, I authorize investigation of all statements contained in this Application and permit the Company or its agents to obtain any transcripts, records, and documents pertaining to my background and business experience. I also agree to release the Company and its agents from any liability arising from this investigation.
3. I agree that the use of a reproduced copy of this release will be recognized as the original for purposes of investigation authorization.

Read the above carefully and sign below.

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Witness to Signature

Date \_\_\_\_\_