

**EMPLOYEE/RETIREE RELATIVE REFERRAL FORM**

**Applicant's Name:** \_\_\_\_\_  
 (Print FULL NAME)                      Last                      First                      MI                      Suffix                      Last 4 of SSN

By signing this document, I certify that all information furnished on this document is true, complete, and correct to the best of my knowledge. I understand that any misrepresentation(s) or omissions(s) of facts called for will result in refusal to hire or, if hired, disciplinary action, up to and including discharge, at any time regardless of when the false answer(s), omissions(s) or other information is discovered.

**Applicant's Signature:** \_\_\_\_\_  
 (NOTE: This signature is obtained during the interview process.)

**Applicant's Phone Number:** \_\_\_\_\_

**Employee/Retiree Name (Print):** \_\_\_\_\_

I certify that the above-named applicant is related to me as I have indicated below and will provide supporting documentation as required and as deemed sufficient by the Company, if requested.

(Affiliations other than those specified below will not qualify as a referral)

- |                                       |  |  |
|---------------------------------------|--|--|
| <input type="checkbox"/> Child        | <input type="checkbox"/> Spouse            | <input type="checkbox"/> Grandchild                |
| <input type="checkbox"/> Child-in-law | <input type="checkbox"/> Brother or Sister | <input type="checkbox"/> Niece or Nephew of Spouse |
| <input type="checkbox"/> Step-child   | <input type="checkbox"/> Niece or Nephew   |  |

**You will not receive Direct Relative status until the appropriate documentation is submitted. Your position in the pool will be reserved/protected once your documentation is provided and verified.**

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**Employee/Retiree Signature:** \_\_\_\_\_

**Employee/Retiree Clock Number:** \_\_\_\_\_ **Department:** \_\_\_\_\_

**Employee Status: (please select one)**

- |   |  |
|---|--|
| <input type="checkbox"/> USW Represented ACTIVE | <input type="checkbox"/> USW Represented RETIRED |
| <input type="checkbox"/> Non-Represented ACTIVE | <input type="checkbox"/> Non-Represented RETIRED |

**Employee/Retiree Work Location: (please select one)**

- |  |  |                                    |
|--|--|------------------------------------|
| <input type="checkbox"/> Burns Harbor          | <input type="checkbox"/> Riverdale             | <input type="checkbox"/> Cleveland |
| <input type="checkbox"/> Indiana Harbor (East) | <input type="checkbox"/> Indiana Harbor (West) |                                    |

This form must be COMPLETED, IN FULL, to be considered valid.

Upon completion of this form, submit it to your respective work location's HR Department