



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), omission(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)

- Child Spouse Grandchild
- Child-in-law Brother or Sister
- Step-child 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)

- USW Represented ACTIVE USW Represented RETIRED
- Non-Represented ACTIVE Non-Represented RETIRED

Employee/Retiree Work Location: (please select one)

- Burns Harbor Riverdale Cleveland
- Indiana Harbor (East) 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