



**PRECISION CUT
INDUSTRIES**

115 RAM DRIVE
HANOVER, PA 17331-7783

Application for Employment

(Please Print)

We are an equal opportunity employer, dedicated to a policy of non-discrimination in employment on any basis including age, sex, color, race, creed, national origin, religious persuasion, marital status, political belief, or disability that does not prohibit performance of essential job functions.

Date: _____

I. Personal Information

Name: Last _____ First _____ Middle _____

Present Address _____

Permanent Address (if different than above) _____

Social Security Number _____ Telephone _____

Federal law prohibits the employment of unauthorized aliens. All persons hired must submit satisfactory proof of employment authorization and identity (valid driver's license, birth certificate, Green Card, etc.) within three days of being hired. Failure to submit such proof within the required time shall result in immediate employment termination.

Position Applied For: _____

1. Is there any information we would need about your name or use of another name for us to be able to check your work record? Please specify:

2. Do you have any relatives who are presently (or have formerly been) employed by (Company)?

3. How were you referred to (Company)? _____

4. Have you ever been convicted of a felony? Yes No If yes, please explain:

II. Educational History

	School Name/Location	Years Completed	Degree/Diploma
Elem/Jr. High	_____	_____	_____
High School	_____	_____	_____
College	_____	_____	_____
Tech. Training	_____	_____	_____
Other	_____	_____	_____

III. Employment Record *Please include all employment for the last five years.*

- | | |
|--|-----------------------|
| _____ | _____ |
| Company Name (Current or Most Recent Employer) | Position Held |
| _____ | Dates Employed: _____ |
| Address | From To |
| _____ | _____ |
| Manager / Supervisor | Telephone Wage/Salary |
| _____ | _____ |
| Reason For Leaving | _____ |
- | | |
|----------------------|-----------------------|
| _____ | _____ |
| Company Name | Position Held |
| _____ | Dates Employed: _____ |
| Address | From To |
| _____ | _____ |
| Manager / Supervisor | Telephone Wage/Salary |
| _____ | _____ |
| Reason For Leaving | _____ |
- | | |
|----------------------|-----------------------|
| _____ | _____ |
| Company Name | Position Held |
| _____ | Dates Employed: _____ |
| Address | From To |
| _____ | _____ |
| Manager / Supervisor | Telephone Wage/Salary |
| _____ | _____ |
| Reason For Leaving | _____ |

NOTE: Use a separate sheet to list additional employers, if necessary . We will contact all of the employers listed on this application unless you specifically exclude them below. Please list any employers you do not want us to contact and your reason for the exclusion:

(Employer's Name) Reason

(Employer's Name) Reason

IV. References *Please do not include relatives or former employers.*

1. _____
Name Years Known

Address Telephone

Occupation

2. _____
Name Years Known

Address Telephone

Occupation

3. _____
Name Years Known

Address Telephone

Occupation

V. Work Availability

1. If your application receives favorable consideration, when will you be available to begin work?

2. Do you have any objection to working overtime? () Yes () No

3. Can you work overtime without prior notice? () Yes () No

4. Can you work on Saturday? () Yes () No

5. Can you work on Sunday? () Yes () No

6. Can you travel if required by this position? () Yes () No

VI. Salary / Hourly Rate Requirements

If your application receives favorable consideration, what salary/hourly rate would you require?

\$ _____ per _____

VII. TESTING FOR DRUG AND/OR ALCOHOL

I understand that the company requires a controlled substance test for all individuals offered employment. The controlled substance test involves the collection of a urine sample. I hereby consent to the request for a urine sample and agree to participate in the drug-free workplace policy as established by the company. Failure to pass a drug screen will make me medically unqualified to work for Precision Cut Industries, inc. in any position, or will lead to my termination if I am already employed. I may be reconsidered for employment upon submission of valid proof of successful rehabilitation.

Signature of Applicant