



Application for Employment

As an equal opportunity employer, Pennex Aluminum Company considers qualified applicants for all positions without unlawfully considering an applicant's race, color, religion, sex, national origin, age, marital status, veteran's status, disability or membership in any other protected group. No question on this application is used for the purpose of limiting or excluding any applicant from consideration for employment on a basis prohibited by local, state, or federal law. Equal access to employment, services, and programs is available to all persons. Those applicants requiring reasonable accommodation to the application and/or interview process should notify a representative of the organization. We hire only U.S. citizens and lawfully authorized alien workers. As a condition of employment, you will be asked to show proof of your identity and employment eligibility.

Applicant name: _____

Address: _____
Street City State Zip

Telephone #: _____ Social Security #: _____

Position(s) applied for: _____ Desired salary: _____

Type of employment desired: _____ full-time _____ part-time _____ temporary

Can you work: _____ 1st shift? _____ 2nd shift? _____ 3rd shift? _____ Saturday? _____ Sunday?

Date you will be available to start work: _____

Are you able to meet the attendance requirements? Yes No

Do you have any objection to working overtime if necessary? Yes No

Can you travel if required by this position? Yes No

Have you ever been previously employed by our organization? Yes No

Can you submit proof of legal employment authorization? Yes No

Are you under 18 years of age? Yes No

Have you ever been convicted of a crime? (other than minor traffic violations) Yes No

If yes, please explain (a conviction will not automatically bar employment): _____

Information provided in response this inquiry will be considered only to the extent it is job related.

How were you referred to us? _____

Employment History

Please provide all employment information for your past four employers starting with the most recent.

Employer: _____ Position held: _____
Address: _____
City, State, Zip: _____ Telephone #: _____
Immediate supervisor and title: _____
Dates employed: from _____ to _____ Salary: _____
Job summary: _____

Reason for leaving: _____

Employer: _____ Position held: _____
Address: _____
City, State, Zip: _____ Telephone #: _____
Immediate supervisor and title: _____
Dates employed: from _____ to _____ Salary: _____
Job summary: _____

Reason for leaving: _____

Employer: _____ Position held: _____
Address: _____
City, State, Zip: _____ Telephone #: _____
Immediate supervisor and title: _____
Dates employed: from _____ to _____ Salary: _____
Job summary: _____

Reason for leaving: _____

Employer: _____ Position held: _____
Address: _____
City, State, Zip: _____ Telephone #: _____
Immediate supervisor and title: _____
Dates employed: from _____ to _____ Salary: _____
Job summary: _____

Reason for leaving: _____

Other Skills and Qualifications

Summarize any job-related training, skills, licenses, certificates, and/or other qualifications:

Educational History

List school name and location, years completed, course of study, and any degrees earned:

High school: _____

College: _____

Technical Training: _____

Other: _____

References

List 3 references names, telephone numbers, and years known (do not include relatives or employers):

Emergency Contact

(Name, Address & Telephone Number)

I hereby authorize Pennex Aluminum Company to contact, obtain, and verify the accuracy of information contained in this application from all-previous employers, educational institutions, and references. I also hereby release from liability Pennex Aluminum Company and its representatives for seeking, gathering, and using such information to make employment decisions and all other persons or organizations for providing such information.

I understand that any misrepresentation or material omission made by me on this application will be sufficient cause for cancellation of this application or immediate termination of employment if I am employed, whenever it may be discovered.

If I am employed, I acknowledge that there is no specified length of employment and that this application does not constitute an agreement or contract for employment. Accordingly, either I or Pennex can terminate the relationship at will, with or without cause, at any time, so long as there is no violation of applicable federal or state law.

I understand that it is the policy of Pennex Aluminum Company not to refuse to hire or otherwise discriminate against a qualified individual with a disability because of that persons need for a reasonable accommodation as required by the ADA.

I also understand that if I am employed, I will be required to provide satisfactory proof of identity and legal work authorization within three days of being hired. Failure to submit such proof within the required time shall result in immediate termination of employment.

I represent and warrant that I have read and fully understand the foregoing, and that I seek employment under these conditions.

Applicant signature: _____ Date: _____

EMPLOYMENT INQUIRY RELEASE

In connection with your application for employment with Pennex Aluminum Company, on our behalf, EMPFACTS will make inquiries, including but not limited to, your education, professional licensing, criminal history, driving history, your personal character, abilities, work habits, mode of living, residency, immigration status, general reputation, performance, experience and other qualities pertinent to your qualifications for employment, including reasons for termination of past employments.

In compliance with the Fair Credit Reporting Act, you are entitled to be informed if an offer of employment is withheld because of information obtained from EMPFACTS and, in that event, upon written request, we will provide a copy of the report we receive and the FTC notice, "A Summary of Your Rights Under the Fair Credit Reporting Act".

Please complete and sign the form which follows, authorizing, without reservation, any party, including, but not limited to, employers, consumer reporting agencies, law enforcement agencies, state agencies, institutions and private information bureaus or repositories, contacted by EMPFACTS to furnish any or all of the above mentioned information. Your authorization releases EMPFACTS from any and all liability for damages arising from the investigation and disclosure of the requested information. Further, it releases and discharges all liability from all companies, agencies, officials, officers, employees and other persons, who, in good faith, provide to EMPFACTS the above mentioned information as requested, in order to successfully complete a background investigation for your application for employment. Your signature allows a photocopy of fax copy of this authorization to be as valid as the original.

PRINT FULL NAME _____

MAIDEN NAME _____ OTHER NAMES USED _____

*DATE OF BIRTH _____ SOCIAL SECURITY # _____

STREET ADDRESS _____

CITY, STATE, ZIP _____

DRIVERS LICENSE # _____

APPLICANT SIGNATURE _____

GRADUATION DATE:

HIGH SCHOOL _____ COLLEGE _____

**NOTARY SIGNATURE _____ NOTARY PRINTED _____

STATE _____ COUNTY _____ COMMISSION EXPIRES _____

*Date of birth is being requested only for purposes of identification in obtaining accurate retrieval of records and it will not be used for discriminatory purposes.

** Use only as required.