



# PENN ALUMINUM INTERNATIONAL LLC

## APPLICATION FOR EMPLOYMENT

**NOTE: This application form was designed for use by persons applying for various types of positions. Some questions may not be completely applicable to your situation, but we ask that you answer all job-related inquiries to the best of your ability.**

PENN ALUMINUM INTERNATIONAL LLC is an Equal Opportunity Employer

(PLEASE PRINT)

Date of Application \_\_\_\_\_

Full Name \_\_\_\_\_

Current Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone Number \_\_\_\_\_

Referral Source                      Walk in                      Employee Referral                      Other

If marked Employee Referral what is the referring employee's name \_\_\_\_\_

Have you ever been employed by us?                      Yes                      No

Do you have a relative employed here?                      Yes                      No                      Name \_\_\_\_\_

Are you at least 18 years of age?                      Yes                      No

Emergency Contact Persons Name \_\_\_\_\_ Phone Number \_\_\_\_\_

## EDUCATION INFORMATION

Check the highest level of education achieved.

High School/GED                      Some College                      Certificate                      Degree

For a more timely check of your work and education records please indicate any name changes in the space below e.g. married name, maiden name, ect.

## MILITARY EXPERIENCE

Have you ever served in the U.S. Armed Forces?                      Yes                      No

Branch \_\_\_\_\_ From \_\_\_\_\_ To \_\_\_\_\_

Describe any job-related special training received \_\_\_\_\_

## WORK HISTORY

In the following spaces give a complete record of your employment history including periods of unemployment, if any. If additional space is needed, attach additional pages. At least five years of work history is required.

1.

Employer	Phone Number	
Address		
Length of employment	From	To
Starting Pay Per Hour	\$	Ending Pay \$
Position/Title		
Reason For Leaving		
May we contact?	Yes	No

2.

Employer	Phone Number	
Address		
Length of employment	From	To
Starting Pay Per Hour	\$	Ending Pay \$
Position/Title		
Reason For Leaving		
May we contact?	Yes	No

3.

Employer	Phone Number	
Address		
Length of employment	From	To
Starting Pay Per Hour	\$	Ending Pay \$
Position/Title		
Reason For Leaving		
May we contact?	Yes	No

I hereby affirm that the information provided in this application (and accompanying resume, if any) is true and complete to the best of my knowledge. I also agree that any falsified information or significant omissions may disqualify me from further consideration for employment and may be considered justification for dismissal if discovered at a later date.

I authorize a thorough investigation of my past employment and activities, agree to cooperate in such investigation, and release from all liability any persons and or corporations requesting or supplying such information. In the event I receive an offer of employment, I further authorize any physician or hospital to release any information that which may be necessary to determine my ability to perform the essential functions of the job with or without reasonable accommodations and do so without creating substantial harm to myself or others.

I hereby agree to submit to any lawful drug and alcohol or integrity testing that may be required as a condition of employment or continued employment. I also submit the release of my information for a background check.

I understand that my employment is terminable at will, that I am not being employed for any specific time and that this application is not intended to be a contract or for continued employment.

I understand that according to federal law all individuals who are hired must as a condition of employment, produce documentation to verify their identity and U.S. citizen status or if aliens, their legal authorization to work in the U.S. As a consequence, I understand that any offer of employment would be contingent on my ability to produce the required documentation within the period required by law.

\_\_\_\_\_  
(Signature of Applicant)

\_\_\_\_\_  
(Date)