

CUSTOM METAL OF PECONIC, INC. - APPLICATION FOR EMPLOYMENT
Professional Positions – Non-Sales

Custom Metal of Peconic, Inc. IS AN EQUAL OPPORTUNITY EMPLOYER. IT IS OUR POLICY THAT ALL APPLICANTS BE CONSIDERED SOLELY ON THE BASIS OF QUALIFICATIONS AND ABILITY, WITHOUT REGARD TO RACE, RELIGION, COLOR, SEX, AGE, NATIONAL ORIGIN, DISABILITY OR VETERAN STATUS.

PLEASE PRINT AND COMPLETE FORM IN DETAIL. PLEASE BE SPECIFIC AND FILL IN ALL APPROPRIATE BLANKS. ALL INFORMATION GIVEN WILL BE HELD IN STRICT CONFIDENCE.

NAME: (Last, First, Middle): _____

APPLICATION DATE (mm/dd/yyyy): _____ Social Security Number: _____

CURRENT ADDRESS: Street Address: _____

City: _____ State: _____ Zip: _____

Telephone #: _____ Years At This Address: _____

LIST PRIOR ADDRESSES OVER THE PAST FIVE YEARS, STARTING WITH THE MOST RECENT:

1. _____
2. _____
3. _____
4. _____
5. _____

HAVE YOU BEEN PREVIOUSLY EMPLOYED? (Circle One) YES NO

DO YOU HAVE THE LEGAL RIGHT TO WORK PERMANENTLY IN THE U.S.? (Circle One)..... YES NO

If NO, Please Explain: _____

HAVE YOU EVER BEEN CONVICTED OF A CRIME? (Circle One) YES NO

If YES, Please Explain: _____

TYPE OF POSITION/FUNCTION DESIRED: _____

EDUCATION:

HIGH SCHOOL: YES NO _____

COLLEGE: YES NO _____

OTHER: (Please Explain) _____

WORK EXPERIENCE: (Start with Present Position and Work Backwards)

FIRM NAME: _____ **TYPE OF BUSINESS:** _____

ADDRESS: Street: _____

City: _____ **State:** _____ **Zip:** _____

IMMEDIATE SUPERVISOR: _____ **Title:** _____ **Phone:** _____

DATES: _____ **MONTHLY SALARY** _____ **ANNUAL SALARY** _____ **POSITION TITLE:** _____ **DEPARTMENT:** _____

WHAT DID YOU MOST ENJOY? _____

WHAT DID YOU LEAST ENJOY? _____

IF LEAVING PRESENT JOB, EXPLAIN: _____

PLEASE DESCRIBE PRESENT DUTIES: _____

FIRM NAME: _____ **TYPE OF BUSINESS:** _____

ADDRESS: Street: _____

City: _____ **State:** _____ **Zip:** _____

IMMEDIATE SUPERVISOR: _____ **Title:** _____ **Phone:** _____

DATES: _____ **MONTHLY SALARY** _____ **ANNUAL SALARY** _____ **POSITION TITLE:** _____ **DEPARTMENT:** _____

WHAT DID YOU MOST ENJOY? _____

WHAT DID YOU LEAST ENJOY? _____

WHAT WERE YOUR REASONS FOR LEAVING? _____

PLEASE DESCRIBE DUTIES: _____

PLEASE LIST OTHER POSITIONS HELD (Include Summer Work During School):

COMPANY: _____ **POSITION:** _____ **EMPLOYMENT DATES:** _____ **SALARY:** _____ **REASON FOR LEAVING:** _____

MAY WE CONTACT YOUR PRESENT EMPLOYER? YES NO

MAY WE CONTACT YOUR PREVIOUS EMPLOYERS? YES NO

PLEASE ACCOUNT FOR YOUR TIME DURING ANY INTERVALS OF UNEMPLOYMENT OTHER THAN THOSE WHERE YOU WERE ATTENDING SCHOOL OR WERE IN THE SERVICE:

DATE FROM: DATE TO: EXPLAIN:

| | | |
|-------|-------|-------|
| _____ | _____ | _____ |
| _____ | _____ | _____ |
| _____ | _____ | _____ |

INDICATE MEMBERSHIP, DEGREES OF PARTICIPATION, AND OFFICES HELD SINCE LEAVING SCHOOL IN CIVIC, PROFESSIONAL, SOCIAL, ATHLETIC OR OTHER ORGANIZATION OR ACTIVITIES, EXCEPT THOSE ORGANIZATIONS THE NAME OR CHARACTER OF WHICH MAY INDICATE YOUR RACE, COLOR, CREED, RELIGION OR NATIONAL ORIGIN:

| |
|-------|
| _____ |
| _____ |
| _____ |

CURRENT HOBBIES AND RECREATIONAL ACTIVITIES:

| |
|-------|
| _____ |
| _____ |

IN WHAT ADDITIONAL ACTIVITIES WOULD YOU LIKE TO ENGAGE?

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| _____ |
| _____ |

WHAT ARE YOUR PLANS FOR THE FUTURE?

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|-------|
| _____ |
| _____ |

ARE THERE ANY OTHER EXPERIENCES, SKILLS OR QUALIFICATIONS WHICH YOU FEEL WOULD ESPECIALLY FIT YOU FOR WORK WITH OUR COMPANY?

| |
|-------|
| _____ |
| _____ |
| _____ |
| _____ |
| _____ |

BUSINESS/PERSONAL REFERENCES:

| NAME: | OCCUPATION/ RELATIONSHIP: | ADDRESS: | PHONE: |
|--------------|--------------------------------------|-----------------|---------------|
| _____ | _____ | _____ | (____) _____ |
| _____ | _____ | _____ | (____) _____ |
| _____ | _____ | _____ | (____) _____ |
| _____ | _____ | _____ | (____) _____ |
| _____ | _____ | _____ | (____) _____ |

By signing this application, I certify: That this application is complete and accurate to the best of my knowledge and that I have not made any attempt to conceal information and that falsification could be cause for dismissal. Further, Custom Metal of Peconic, Inc. or its agents may request employment information from my previous employers and persons or corporations who provide information related to my previous employment and will be released from any liability or damage. Also, I agree if required to undergo a medical examination by a company designated physician and understand that medical approval must be obtained before employment can be effected. I have noted that Custom Metal of Peconic, Inc. is an Equal Opportunity Employer and all applicants receive lawful consideration for employment without regard to Race, Religion, Color, Sex, Age, National origin, Disability, or Veteran Status. I realize that if I am hired, Custom Metal of Peconic, Inc. reserves the right to terminate my employment whenever the need arises.

SIGNATURE:

X _____ **DATE:** _____

EMPLOYMENT IS SUBJECT TO:

1. Passing Physical Examination by Company Designated Physician (If Required).
2. Satisfactory Reference Reports.
3. Favorable Reports from Outside Agencies on Verification if Information Supplied.

FOR INTERNAL USE ONLY:

| DATE: | ACTION: |
|--------------|----------------|
| _____ | _____ |
| _____ | _____ |
| _____ | _____ |
| _____ | _____ |
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| _____ | _____ |
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| _____ | _____ |