



PO Box 1429
Lebanon, PA 17042-0152

Office 717.273.3338

Fax: 717.273.2662

www.ppcpinc.com

TO BE FILLED OUT BY APPLICANT

Position Applied For:

Date of Application:

NOTE: Pre-employment drug tests are required.

AN EQUAL OPPORTUNITY EMPLOYER:

Applicants are not required to give any information on this form that is prohibited by Federal, State or Local Law

APPLICANT INFORMATION			
Last Name		First	M.I.
Street Address			Apartment/Unit #
City		State	ZIP
Phone		E-mail Address (optional)	
Date Available	Social Security No.		Desired Salary
Are you legally eligible to work in the United States? (Proof of citizenship or immigration status will be required for employment.)	YES <input type="checkbox"/>	NO <input type="checkbox"/>	Who referred you to us? Relative <input type="checkbox"/> Friend <input type="checkbox"/> Newspaper <input type="checkbox"/> School <input type="checkbox"/> Agency <input type="checkbox"/> Other <input type="checkbox"/>
	Give name of relatives or friends employed by this company		
If hired can you provide proof of age?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	Emergency Contact Phone #
Have you ever worked for this company?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	If so, when?
Can you lift 50 pounds on a regular basis?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	Can you work overtime? YES <input type="checkbox"/> NO <input type="checkbox"/> Which shifts can you work? FIRST <input type="checkbox"/> SECOND <input type="checkbox"/> THIRD <input type="checkbox"/>

EDUCATION				
High School		Address		
From	To	Did you graduate?	YES	NO
			Degree	
College		Address		
From	To	Did you graduate?	YES	NO
			Degree	
Other		Address		
From	To	Did you graduate?	YES	NO
			Degree	

PERSONAL REFERENCES	
<i>Please list two personal references.</i>	
Full Name	Relationship
Address	Phone ()
Full Name	Relationship
Address	Phone ()

PREVIOUS EMPLOYMENT			
Company		Phone ()	
Address		Supervisor	
Job Title	Starting Salary \$	Ending Salary \$	
Responsibilities			
From	To	Reason for Leaving	
May we contact your previous supervisor for a reference?		YES	NO
Company		Phone ()	
Address		Supervisor	
Job Title	Starting Salary \$	Ending Salary \$	
Responsibilities			
From	To	Reason for Leaving	
May we contact your previous supervisor for a reference?		YES	NO
Company		Phone ()	
Address		Supervisor	
Job Title	Starting Salary \$	Ending Salary \$	
Responsibilities			
From	To	Reason for Leaving	
May we contact your previous supervisor for a reference?		YES	NO

MILITARY SERVICE	
Branch	From To
Rank at Discharge	Type of Discharge
If other than honorable, explain	

CERTIFICATION, AUTHORIZATION AND RELEASE: I certify that all information on this Application is accurate, complete and true to the best of my knowledge. I understand that any information that is found to be false, inaccurate, incomplete or misrepresented in any respect will be sufficient cause to (i) cancel further consideration of this application, or (ii) immediately discharge me from the employer's service when it is discovered.

I understand that Pennsylvania Precision Cast Parts, Inc. does not unlawfully discriminate in employment and no question on this application is used for the purpose of limiting or excusing any applicant from consideration for employment on a basis prohibited by applicable local, state or federal law.

I understand that this application remains current for only 90 days. At the conclusion of that time, if I have not heard from Pennsylvania Precision Cast Parts, Inc. and still wish to be considered for employment, it will be necessary to reapply and fill out a new application.

If I am hired, I understand that I am free to resign at any time, with or without cause and without prior notice, and Pennsylvania Precision Cast Parts, Inc. reserves the same right to terminate my employment at any time, with or without cause and without prior notice, except as may be required by law. This application does not constitute an agreement or contract for employment for any specified period or definite duration. I understand that no supervisor or representative of Pennsylvania Precision Cast Parts is authorized to make any assurances to the contrary and that no implied oral or written agreements contrary to the foregoing express language are valid unless they are in writing and signed by a Pennsylvania Precision Cast Parts member of management.

Signature _____ Date _____