



Application For Employment

Thank you for completing an employment application for Ohio Pickling & Processing. The following information is requested in order to help Ohio Pickling make the best possible placement within the company. All portions of this application pertaining to you must be completed. The Company, in accordance with State and Federal laws, does not discriminate on the basis of age, race, religion, color, sex, national origin, marital status, veteran, or disability status.

WE ARE AN EQUAL OPPORTUNITY EMPLOYER

Personal Information (Please Print)

Name: _____ Social Security #: _____
(Last) (First) (Middle Initial)

Present Address: _____

Permanent Address: _____

Home Phone #: _____ Business Phone # _____

Are you legally entitled to work in the United States? _____ Are you 18 or over? _____

If related to anyone in our company, please state name. _____

How were you referred to Ohio Pickling? _____

Are you a former employee of Ohio Pickling & Processing? _____

Have you completed an application and/or been interviewed by Ohio Pickling? _____

EMPLOYMENT DESIRED

Full Time _____ Part Time _____ Temporary _____

Positions for which you may be qualified:

Employers must make accommodations to disabled applicants and employees where the accomodation does not impose undue hardship on the employer.

Desired Wage/Salary: _____ Date available for Employment: _____

Are you on layoff and subject to recall? _____

Can you work required overtime? _____

Do you agree to work assigned shift(s)? _____

Will you work nights, Saturdays, Sundays or holidays when assigned? _____

Do you have reliable transportation? _____

FORMER EMPLOYERS (List last three employers, starting with current or last job.

1	Employer	Dates		Work Performed
		From	To	
	Address			
	Job Title	Hourly Rate/Salary		
		Starting	Final	
	Supervisor			
	Reason for Leaving			
2	Employer	Dates		Work Performed
		From	To	
	Address			
	Job Title	Hourly Rate/Salary		
		Starting	Final	
	Supervisor			
	Reason for Leaving			
3	Employer	Dates		Work Performed
		From	To	
	Address			
	Job Title	Hourly Rate/Salary		
		Starting	Final	
	Supervisor			
	Reason for Leaving			

REFERENCES (Do not include relatives or former employers)

	Name	Address	Phone#	Years Acquainted
1				
2				
3				

EDUCATION

Level of Education	Name and Location of School	Diploma/Degree	Courses of Study
High School			
College			

Trade/Business School			
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Are you currently enrolled in an educational program? _____

SKILLS

Circle Other Skills Acquired:

- | | | | |
|----------------|----------------------|-------------|--------|
| Electrician | Lift Truck Operator | Receiving | Welder |
| Machinist | Pickle Line Operator | Shipping | |
| Crane Operator | Slitter Operator | Maintenance | |

Clerical Applicants:

List all computer software programs you are familiar with and note your proficiency in each one:

General

Have you ever been fired or asked to resign? _____ If yes, please explain: _____

Did you receive discipline in the last twelve months of active employment? _____ If yes, please exp _____

Have you ever been convicted of a crime? _____ If yes, please explain: _____

Are there any felony charges pending against you? _____ If yes, please explain: _____

Can you perform the job for which you are applying? _____

Do you currently use illegal drugs? Yes _____ No _____ If yes, what kinds of illegal drugs? _____

List any related skills, training or experience you believe relevant to the job applied for: _____

List hobbies, special interest or activities: _____

Are you a Veteran of U.S. Military Service? _____ If yes, Branch of Service _____

Dates of Service: (From) _____ (to) _____ General Duties: _____

Are you presently serving in a National Guard of Reserve unit: _____

I certify that the information contained in the application is true, complete and correct, I understand and agree that any falsification, misleading statement or omission of fact of this information in any respect may result in disqualification from further consideration for employment or dismissal in accordance with the Policies of Ohio Pickling & Processing. I authorize you to verify any of the information concerning my employment, education, criminal history, or medical history (post-offer only), with the appropriate individuals, companies, institutions or agencies, and I authorize them to release such information as you require, including my prior disciplinary employment record, without any obligation to give me written notice of such disclosure.

I agree that either party may terminate the employment relationship, with or without cause, at any time, and I further agree that this arrangement may only be altered in writing directed to me personally and signed by the president or executive vice-president of Ohio Pickling & Processing.

I recognize and agree that if I am employed I will conform to the policies, rules and regulation of Ohio Pickling and Processing. I also understand and agree that my employment and compensation may be terminated any time for any reason, with or without notice and with or without cause at the option of either Ohio Pickling or myself and that I am an employee at will. I further understand that, if employed, my salary, benefits, conditions of employment and the rules and regulations to which I am subject may be changed by Ohio Pickling & Processing at any time, and no additional obligations can be imposed on Ohio Pickling & Processing except those which have been acknowledged in writing, by the president or executive vice-president or their designated representatives. I hereby authorize Ohio Pickling & Processing to deduct from each and every period of my pay any amounts necessary to offset any damages caused by me or the value of property or money entrusted to me by, or owed by me to, Ohio Pickling & Processing during the course of my employment.

I agree that any action or suit against Ohio Pickling & Processing, its agents or employees, arising out of my employment or termination of employment, including, but not limited to, claims arising under State, but not Federal, civil rights statutes, must be brought within 180 days of the event giving rise to the claims or be forever barred.

I waive any limitation periods to the contrary. I further agree that if I should bring any non-statutory action or claim arising out of my employment against Ohio Pickling & Processing, in which the firm prevails, I will pay to Ohio Pickling & Processing any and all such costs incurred by Ohio Pickling & Processing in defense of said claims or actions, including attorney fees.

I understand that Ohio Pickling & Processing reserves the right to require that an offer of employment is conditioned upon the results of a post-offer medical examination, including but not limited to, any drug screening tests and completion by myself of a health evaluation form.

I further recognize that nothing in any documents published by Ohio Pickling & Processing shall in any way modify the above conditions and that these conditions cannot be modified any way by oral or written representations made by anyone employed by Ohio Pickling & Processing, except by a written agreement signed by its Vice President and by me.

Signature: _____

Date: _____