

Creative Pultrusions, Inc.
 214 Industrial Lane
 Alum Bank, PA 15521
 USA

Application for Employment

POSITION(S) APPLIED FOR _____ DATE OF APPLICATION ____ / ____ / ____

NAME _____
LAST FIRST MIDDLE

ADDRESS _____
STREET CITY STATE ZIP

TELEPHONE (____) _____ - _____ SOCIAL SECURITY NUMBER _____ - _____ - _____
AREA CODE

If you are under 18, can you furnish a work permit? YES NO
 Have you ever been employed here before? YES NO
 Are you legally eligible for employment in this country?
 (Proof of U.S. citizenship or immigration status will be required upon employment) YES NO

Date available for work ____ / ____ / ____
 Type of employment desired: Full-Time Part-Time Temporary Seasonal Educational Co-op

Have you been convicted of a felony in the last seven (7) years?
 (Such conviction may be relevant if job-related but does not bar you from employment) YES NO

If yes please explain _____

Driver's license number (If required by job) _____ State _____

EMPLOYMENT HISTORY List your last four (4) employers, assignments or volunteer activities, starting with the most recent, including military experience

| | | | |
|--------------------------------|----|---|--------------------|
| FROM | TO | EMPLOYER | TELEPHONE () - |
| JOB TITLE | | ADDRESS | |
| IMMEDIATE SUPERVISOR AND TITLE | | Summarize the nature of work performed and job responsibilities | |
| REASON FOR LEAVING | | HOURLY RATE/SALARY Start \$ _____ per _____ Final \$ _____ per _____ | |
| FROM | TO | EMPLOYER | TELEPHONE () - |
| JOB TITLE | | ADDRESS | |
| IMMEDIATE SUPERVISOR AND TITLE | | Summarize the nature of work performed and job responsibilities | |
| REASON FOR LEAVING | | HOURLY RATE/SALARY Start \$ _____ per _____ Final \$ _____ per _____ | |
| FROM | TO | EMPLOYER | TELEPHONE () - |
| JOB TITLE | | ADDRESS | |
| IMMEDIATE SUPERVISOR AND TITLE | | Summarize the nature of work performed and job responsibilities | |
| REASON FOR LEAVING | | HOURLY RATE/SALARY Start \$ _____ per _____ Final \$ _____ per _____ | |
| FROM | TO | EMPLOYER | TELEPHONE () - |
| JOB TITLE | | ADDRESS | |
| IMMEDIATE SUPERVISOR AND TITLE | | Summarize the nature of work performed and job responsibilities | |
| REASON FOR LEAVING | | HOURLY RATE/SALARY Start \$ _____ per _____ Final \$ _____ per _____ | |

SKILLS AND QUALIFICATIONS

Summarize special skills and qualifications acquired from employment or other experiences that may qualify you for work with our Company

EDUCATIONAL BACKGROUND

| NAME AND LOCATION | YEARS COMPLETED | DID YOU GRADUATE? | | COURSE OF STUDY |
|-------------------|-----------------|-------------------|--------|-----------------|
| | | MAJOR | DEGREE | |
| HIGH SCHOOL | | | | |
| COLLEGE | | | | |
| OTHER | | | | |

REFERENCES

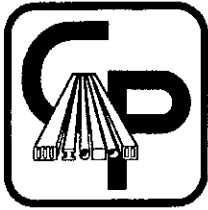
| NAME | TELEPHONE | YEARS KNOWN |
|------|--------------------|-------------|
| | AREA CODE () - | |
| | AREA CODE () - | |
| | AREA CODE () - | |

It is understood and agreed that any misrepresentation by me in this application will be sufficient cause for cancellation of this application and/or separation from the employer's service if I have been employed. Furthermore, I understand that just as I am free to resign at any time, the Employer reserves the right to terminate my employment at any time, with or without cause and without prior notice. I understand that no representative of the Employer has the authority to make any assurances to the contrary.

I give the Employer the right to investigate all references and to secure additional information about me if job related. I hereby release from liability the Employer and its representatives for seeking such information and all other persons, corporations or organizations for furnishing such information.

Signature of Applicant _____ Date ____ / ____ / ____





CREATIVE PULTRUSIONS, INC.

214 Industrial Lane ■ Alum Bank, PA 15521 USA

Phone: 814-839-4186 ■ Fax: 814-839-4276

Web site: <http://www.creativepultrusions.com> ■ E-mail: crpul@pultrude.com

Drug Screening Agreement

Notice to job applicant of employment drug screening policy and agreement.

I acknowledge that I have been informed that Creative Pultrusions, Inc. requires each job applicant to submit to blood, urine or other medical examinations for controlled substances and drugs to be conducted by a health facility, medical or testing clinic or laboratory or physician selected and paid for by the company.

I agree to submit to such examination or tests and hereby authorize release and disclosure of the results to Creative Pultrusions, Inc. I further acknowledge that this is a condition of employment. I agree to sign any of and disclosure to the company of medical examination or medical tests for controlled substances or drug abuse.

By signing this document, I agree that, if employed, I will be subject to the terms of Creative Pultrusions, Inc. policy on drug abuse and controlled substances. I also understand, if I leave employment before I complete a five-day period, I will be charged \$35.00 for the cost of the drug screening, and I realize it will be deducted from my last paycheck.

Applicant Signature: _____

Date: _____

When instructed to report for drug testing, go to the outpatient desk at UPMC Bedford Memorial. Take a form of photo identification (driver's license). The lab will be open during the following times:

Monday – Friday
Saturday

7:00 a.m. to 8:00 p.m.
7:00 a.m. to 12:00 p.m.