

CREATIVE PULTRUSIONS, INC.
Employment Application



214 Industrial Lane • Alum Bank, PA 15521 • Phone: (814) 839-4186 • Fax: (814) 839-4276

APPLICANT INFORMATION					
Position Applied for			Date of Application		
Last Name		First		M.I.	
Street Address			Apartment/Unit #		
City		State	ZIP		
Phone		Email			
If you are under 18, can you furnish a work permit?			YES <input type="checkbox"/>	NO <input type="checkbox"/>	
Have you ever worked for this company?		YES <input type="checkbox"/>	NO <input type="checkbox"/>	If so, when?	
Are you legally eligible for employment in this country? (Proof of US citizenship or immigration status will be required upon employment)				YES <input type="checkbox"/>	NO <input type="checkbox"/>
Date Available	Full-time <input type="checkbox"/>	Part-time <input type="checkbox"/>	Temporary <input type="checkbox"/>	Seasonal <input type="checkbox"/>	Educational Co-op <input type="checkbox"/>
Have you ever been convicted of a felony? YES <input type="checkbox"/> NO <input type="checkbox"/> If yes, explain					
Driver's license number (if required by job)			State		

EDUCATION					
High School			Address		
From	To	Did you graduate?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	Degree
College			Address		
From	To	Did you graduate?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	Degree
Other			Address		
From	To	Did you graduate?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	Degree

REFERENCES	
<i>Please list three professional references.</i>	
Full Name	Relationship
Company	Phone ()
Address	
Full Name	Relationship
Company	Phone ()
Address	
Full Name	Relationship
Company	Phone ()
Address	

AN EQUAL OPPORTUNITY EMPLOYER

HREA-082611

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 <input type="checkbox"/> NO <input type="checkbox"/>			
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 <input type="checkbox"/> NO <input type="checkbox"/>			
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 <input type="checkbox"/> NO <input type="checkbox"/>			
SKILLS AND QUALIFICATIONS (Summarize special skills and qualifications acquired from employment or other experiences that may qualify you for work with our Company.)			
DISCLAIMER AND SIGNATURE			
<p>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 just as I am free to resign at any time, the Employer reserves the right to terminate my employment at any time, with our without cause and without prior notice. I understand that no representative of the Employer has the authority to make any assurances to the contrary.</p> <p>I give the Employer the right to investigate all references 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 person, corporations or organizations for furnishing such information.</p>			
Signature		Date	



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