

### Gautier Steel 80 Clinton Street Johnstown, PA 15901

# **Application for Employment**

Application Number:				
O Full Time O Part Time				
Middle	How long			
_	have you			
	lived there?			
	How long	Years	Months	
	did you			
	live there?			
			Months	
	Are you 18 ye	ears of age or older?	O Yes O No	
Have you worked for this company before? O Yes O No  If Yes, please give dates and position:		Do you have friends or relatives working here? O Yes O No  If Yes, Name:  Relationship:		
victed of a crime?	O Yes O No			
an automatic bar to	o employment.	Only those crimes w	hich are substantially	
ed.				
QUAL OPPORT	UNITY EMPI	LOYER		
LICANT'S STAT	ΓEMENT			
finite period, regar	dless of the peri	od of payment of m	y wages. I further	
			-	
odify the relationsh	hip or make any	agreement to the co	ontrary. Any such	
()	wicted of a crime? an automatic bar to ed. QUAL OPPORT PLICANT'S STAT finite period, regar t any time with or v	Middle  Middle  How long have you lived there?  How long did you live there?  Are you 18 ye  Do you have it  For exercise an automatic bar to employment.  ed.  QUAL OPPORTUNITY EMPLOYED STATEMENT  finite period, regardless of the periot any time with or without notice are	O Full Time O Part Time Date of Application:  Middle How long have you lived there? Years How long did you live there?  Do you have friends or relatives well ff Yes, Name: Relationship:  victed of a crime? O Yes O No  an automatic bar to employment. Only those crimes well.  QUAL OPPORTUNITY EMPLOYER	

to submit to an alcohol test and/or medical examination to the extent of the law. I authorize the Company to investigate my driving record, my criminal record and my credit history, and I understand that an investigative consumer report may be prepared whereby information is obtained through personal interviews with neighbors, friends and other with whom I am acquainted. This inquiry would include information as to my character, general reputation, personal characteristics and mode of living. I understand that I have to make a written request within a reasonable period of time to receive additional detailed information about the nature and scope of this investigation.

I further understand the Company may contact my previous employers and I authorize those employers to disclose to the Company all records and other information pertinent to my employment with them. I also authorize the Company to provide truthful information concerning my employment with it to my future prospective employers and I agree to hold it harmless for providing such information.

I certify that all of the information I provide on this application and in any interview will be true and accurate. I understand that if I am employed and any such information is later found to be false or misleading in any respect, I may be dismissed.

#### DO NOT SIGN UNTIL YOU READ AND UNDERSTAND THIS STATEMENT

Signature of Applicant Date

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### **RECORD OF PREVIOUS EMPLOYMENT**

Please list the names of your present or previous employers in chronological order with the last employer listed first. Be sure to account for all periods of time including military service and any period of unemployment. If self-employed, give first name and supply business references.

Present or Last Employer	Employed From (mo./yr.)	Start Pay \$	Your Title and Position	Reason for Leaving				
Address	-							
City, State, Zip Code	Employed To (mo./yr.)	Final Pay \$	Name and Title of Last Supervisor					
Telephone Number								
Previous Employer	Employed From (mo./yr.)	Start Pay \$	Your Title and Position	Reason for Leaving				
Address								
City, State, Zip Code	Employed To (mo./yr.)	Final Pay \$	Name and Title of Last Supervisor					
Telephone Number								
Previous Employer	Employed From (mo./yr.)	Start Pay \$	Your Title and Position	Reason for Leaving				
Address	_							
City, State, Zip Code	Employed To (mo./yr.)	Final Pay \$	Name and Title of Last Supervisor					
Telephone Number								
Previous Employer	Employed From (mo./yr.)	Start Pay \$	Your Title and Position	Reason for Leaving				
Address								
City, State, Zip Code	Employed To (mo./yr.)	Final Pay \$	Name and Title of Last Supervisor					
Telephone Number								
Previous Employer	Employed From (mo./yr.)	Start Pay \$	Your Title and Position	Reason for Leaving				
Address								
City, State, Zip Code	Employed To (mo./yr.)	Final Pay \$	Name and Title of Last Supervisor					
Telephone Number								
Have you ever been terminated or asked to resign from any job O Yes O No If Yes, please explain circumstances:								
Please explain fully any gaps in your employment history:								
May we contact your current employer O Yes O No If No, please explain:								
		•		<del></del>				

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# **PREVIOUS EXPERIENCE** Please describe any previous experience that you have in the position for which you are applying or in any similar or related position. **EDUCATION** Describe Specialized Training, Years Completed: Describe Course of Study or School Name Diploma/Degree Experience, Skills and Extra-(Circle) Major **Curricular Activities** Elementary 4 5 6 7 8 **High School** 10 11 12 College/University 4 1 2 3 Graduate/Professional 1 2 4 3 Trade/Correspondence Other **EMERGENCY INFORMATION** Contact Name Relationship Home Home Address Telephone -

Work

Telephone

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Work

Address

## **Personal References**

Name	Occupation	Address (Street, City and State)	Telephone Number	Number of Years
	T		T	T
				1
				1
riving Informat	ion			
o vou have a current d	river's license? O Yes	O No		
=			piration Date:	
	-			
ave your driver's licens	se ever been revoked? (	O Yes O No		
If Yes, please	explain circumstances:			
	utomobile insurance? O	Yes O No		
Name of Insuran	ce Company:			
as vour nersonal autor	nohile insurance ever hee	n cancelled? O Yes O No		
	explain circumstances:			
65, p. 6456	<u>-</u>			
ave you ever been cite	d for driving under the inf	luence (DUI) or driving while intoxicate	d (DWI)? O Yes O No	)
If Yes, please	explain circumstance and	outcome:		
ease list all moving tra	ffic violations in the last fi	ve (5) years:		
Offense	Date Locat	tion Of	fense Date	Location
HIS APPLICATION W	LL BE CONSIDERED ACT	IVE FOR A MAXIMUM OF SIX MONT	THS. IF YOU WISH TO BE	CONSIDERED FOR
MPLOYMENT AFTER	THAT TIME, YOU MUST	REAPPLY.		
CERTIFY THAT ALL O	F THE INFORMATION TH	HAT I HAVE PROVIDED ON THIS APP	LICATION IS TRUE AND A	ACCURATE.
	Signature		Date	

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