

## Ohiopyle Prints, Inc. 410 Dinner Bell Road Ohiopyle, PA 15470 Phone (724) 329-4652 Fax (724) 329-1001

## To Applicant:

Thank you for your interest in a position with Ohiopyle Prints, Inc.

Before you apply to our company, we would like to let you know the following:

- 1. Most jobs require standing for long periods of time and may require heavy lifting.
- 2. Production departments can be extremely hot & humid during summer months.
- 3. We run full criminal background checks on all employees before hiring.
- 4. We participate in E-Verify.

If you agree to the above, we welcome your application to our company. We look forward to reviewing your application and thank you for your interest.

**Ohiopyle Prints, Inc.** 



PLEASE PRINT

# **Application for Employment**

Ohiopyle Prints, Inc 410 Dinnerbell Road Ohiopyle, PA 15470 Phone: (724) 329-4652 Fax: (724) 329-1001 Equal access to programs, services and employment is available to all persons. Those requiring reasonable accommodation to the

application and/or interview process should notify a representative of the Human Resources Department.

Position(s) applied for \_\_\_\_\_\_ Pay Expected \_\_\_\_\_ Date of application \_\_\_/\_\_/ Name Address \_\_\_ Home Phone Number ( ) \_ - \_\_\_\_ Cell Phone Number (\_\_\_\_) \_\_\_ - \_\_\_\_ Have you ever been employed here before? □ Yes □ No If yes, dates employed If you are under 18, can you furnish a work permit? 

Yes Ino, please explain Are you legally eligible for employment in this country?  $\square$  Yes  $\square$  No (Proof of U.S. citizenship/immigration status required upon hire.) Have you ever been convicted of a felony, or pleaded no contest in a felony, or been convicted of a misdemeanor resulting in imprisonment or a fine over \$500 during the last ten years? (Conviction will not necessarily disqualify an applicant)  $\Box$  Yes  $\square$  No If yes, explain Check the following options which you would consider: ☐ Full-time ☐ Part-time ☐ Temporary ☐ Seasonal ☐ Day Shift ☐ Afternoon Shift Date available for work Employment History List your last three employers or volunteer activities, starting with the most recent, including military experience. Company Name Telephone Address Employed (State month and year) From To Job Title Immediate Supervisor and Title Hourly pay Starting Final Summarize duties and responsibilities: Reason for leaving: Company Name Telephone Address Employed (State month and year) From Job Title Immediate Supervisor and Title Hourly pay Starting Final Summarize duties and responsibilities: Reason for leaving: Company Name Telephone Address Employed (State month and year) Job Title Immediate Supervisor and Title Hourly pay Starting Final Summarize duties and responsibilities: Reason for leaving:

Comments including explanation of any	comments including explanation of any gaps in employment:						
Skills and Qualifications - Summariz perform job-related functions in the position			ificates that may o	qualify you as being able to			
Educational Background							
Name and Location	Years Completed	Degree/Diploma	Course of Stud	dy			
High School	•						
College							
Other							
<b>References</b> List three (3) business/work reschool or personal references who are <b>not</b> references.	elated to you.	ited to you and are no					
Name	Telephone			Years Known			
N CD L C D L NV	1. e T						
Names of Relatives or Friends Wo	rking for Us	l n					
Name		K	elationship				
I understand that if I am employed for cancellation of this application or immed I give the employer the right to cor otherwise verify the accuracy of the informa representatives for seeking, gathering and us information.  The employer does not unlawfully or excusing any applicant from consideratio This application is current for only to be considered for employment, it will be If I am hired, I understand that I am reserves the same right to terminate my empapplication does not constitute an agreemen representative of the employer, other than at that any such assurances must be in writing I understand it is this company's pereasonable accommodation as required by the I also understand that if I am hired,	diate discharge from the emitact and obtain information ation contained in this application contained in this application such information and a discriminate in employment on a bas six (6) months. At the connecessary to complete a near free to resign at any time, bloyment at any time, with a tor contract for employment authorized officer, has the and signed by an authorize olicy not to refuse to hire a ne ADA.	aployer's service, when from all references, ication. I hereby released to the persons, corport and no question on is prohibited by local aclusion of this time, it wapplication. With or without caus or without prior notice not for any specified per authority to make and officer.  qualified individual was	enever it is discovered employers, educates as from liability to corations or organisms application is a state or federal laf. I have not heard e and without price, except as may be eriod or definite dry assurances to the with a disability between the energy and the except as the eriod or definite dry assurances to the with a disability between the energy and the energy assurances to the energy assurances to the energy and the energy assurances to the energy assurances to the energy assurance and the energy assuranc	ered. tional institutions and to the employer and its izations for furnishing such sused for the purpose of limiting aw. I from the employer and still wish or notice, and the employer be required by law. This uration. I understand that no ne contrary. I further understand ecause of that person's need for a			
I represent and warrant that I have	·						
Signature of Applicant			Da	ite / /			

### NOTIFICATION AND RELEASE

It is the policy of Ohiopyle Prints to run background checks before hiring. Your signature on this completed release gives us your permission to obtain requested background information.

The information contained in my application for employment with Ohiopyle Prints, Inc.(hereinafter OPI) is true to the best of my knowledge and belief. I understand that any misrepresentation or false statements made by me in connection with the application or any related documents which is deemed material by OPI shall result in OPI not employing me or, if employed, terminating my employment. I understand and agree that all information furnished in my application and all attachments may be verified by OPI or its authorized representative. I hereby authorize all individuals and organizations named or referred in my application and any law enforcement organization to give OPI all information relative to such verification and hereby release such individuals, organizations, and OPI from any and all liability for any claim or damage resulting therefrom. I hereby acknowledge that I have been informed by OPI that OPI may seek to obtain a consumer report and/or investigative report that will include personal information regarding me, including but not limited to, educational history, work references, driving record, drug testing and criminal convictions or arrest records if allowed, in order to assist OPI in making certain employment selection decisions. I further acknowledge notification by OPI that reports may be provided to OPI by other firms subcontracted for that purpose. I, my heirs, assigns and legal representatives, hereby release and fully discharge OPI and their officers, employees and agents of each from any and all claims, monetary or otherwise, that I may have against OPI, arising out of the making, or use of, either a consumer report and/or investigative report, including errors or omissions contained or omitted from such reports or investigations. OPI agrees to inform candidates if an employment decision has been influenced by information contained in a consumer report requested by OPI and performed by Castle Branch, Inc. A free copy of the report may be obtained within sixty days by calling Castle Branch

#### PLEASE PRINT

List all names you have used in the past 7 years including married, maiden and aliases.

Name: First	Middle		Last		
Date of Birth://	☐ Male	☐ Femal	e		
Maiden Name or "AKA":		Dates U	Jsed (yr) from _	to	
For privacy purposes, Social Security # 5 Social Security #: XXX - XXX - XXXX PROVIDE ALL ADDE	Driver's Licens	e #: XXXXXX RENT and P	XXX		
Current	Use extra sheet if	·			
treet	City		State	Zip	
County	From (Dates	)	to		
street	City		State_	Zip	
County	From (Dates	)	to		
itreet	City		State_	Zip	
County	From (Dates	)	to		
Applicant Signature (REQUIRED)				Date:	