

Applicants Name _____

When are you available to start work? _____

What shift(s) can you work? **(Please check all that apply)**

Full-Time

Part-Time

____ 6:00 am - 4:30 pm M- Thur

____ 8:00 am - 1:00 pm

____ 9:00 am - 2:00 pm

____ 3:30 pm - 2:00 am M - Thur

____ 1:00 pm - 6:00 pm

____ 4:00 pm - 9:00 pm

____ 9:00 pm - 7:30 am Sunday PM – Thur AM

____ 9:00 pm - 2:00 am

____ 12:00 am - 5:00 am

****** Please verify that you have a correct phone number and address on your application ******



APPLICATION FOR EMPLOYMENT

KEYSTONE FOAM CORPORATION IS AN EQUAL OPPORTUNITY EMPLOYER AND DOES NOT DISCRIMINATE BECAUSE OF RACE, COLOR, RELIGION, NATIONAL ORIGIN, SEX, AGE, OR HANDICAP.

P.O. Box 355 • Loyalhanna, PA 15661-0355 • Phone (724) 694-8833 • Fax (724) 694-8519

(PLEASE PRINT)

Position(s) Applied For _____ Date of Application _____

Name _____
Last First Middle

Address _____
Street City State Zip

Telephone _____ Social Security # _____

Name of Referral Source _____

If you are under 18, can you furnish a work permit? _____ Yes _____ No

Were you previously employed here? _____ Yes _____ No If yes, when? _____

Are you legally eligible for employment in this country? _____ Yes _____ No
(Proof of U.S. citizenship or immigration status will be required upon employment)

Date available for work _____ / _____ / _____

Type of employment desired _____ Full-Time _____ Part-Time _____ Temporary

Are you willing to work rotating shifts? _____ Yes _____ No

Will you work overtime if required? _____ Yes _____ No

Do you have transportation? _____ Yes _____ No

What is your minimum hourly salary requirement? _____

Are you on lay-off and subject to recall? _____ Yes _____ No

May we contact employees of Keystone Foam Corporation, known to you, for a reference?

_____ Yes _____ No If yes, whom? _____

Have you been convicted of a felony in the last seven years? _____ Yes _____ No
(such conviction may be relevant if job-related, but does not bar you from employment)

If yes, please explain _____

Employment History:

List your last three employers, starting with the most recent, including military experience. Explain any gaps in employment in comments section below

Employer _____ Type of Business _____

Address _____ Phone # _____

Dates Employed ____ / ____ To ____ / ____ Salary _____ Job Title _____

Duties _____ Supervisory Experience _____

Immediate Supervisor's Name _____ May we contact for reference? _____

What about this job do you enjoy most? _____

What do you enjoy least about this job? _____

Explain reason for desiring change _____

Employer _____ Type of Business _____

Address _____ Phone # _____

Dates Employed ____ / ____ To ____ / ____ Salary _____ Job Title _____

Duties _____ Supervisory Experience _____

Immediate Supervisor's Name _____ May we contact for reference? _____

What about this job do you enjoy most? _____

What do you enjoy least about this job? _____

Explain reason for desiring change _____

Employer _____ Type of Business _____

Address _____ Phone # _____

Dates Employed ____ / ____ To ____ / ____ Salary _____ Job Title _____

Duties _____ Supervisory Experience _____

Immediate Supervisor's Name _____ May we contact for reference? _____

What about this job do you enjoy most? _____

What do you enjoy least about this job? _____

Explain reason for desiring change _____

COMMENTS: _____

EDUCATION

SCHOOL	NAME & ADDRESS	COURSE OF STUDY	# OF YEARS COMPLETED	DEGREE / DIPLOMA
High School				
College				
Other (Specify)				

SKILLS AND QUALIFICATIONS

Summarize special skills and qualifications acquired from employment or other experiences that may qualify you to work with our company. List any additional information you would like us to consider.

It is understood and agreed upon 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 it's representatives for seeking such information and all other persons, corporations, or organizations for furnishing such information.

The employer is an equal opportunity employer. The employer does not discriminate in employment and no question on this application is used for the purpose of limiting or excusing any applicant's consideration for employment on a basis prohibited by local, state, and federal law.

I understand that my application will be actively considered for a period of 30 days.

In consideration of my employment I agree to conform to all rules and regulations of Keystone Foam Corporation, and non-compliance therewith may subject me to dismissal at the option of Keystone Foam Corporation.

APPLICATION MUST BE SIGNED AND DATED TO BE VALID

I have read and understand the foregoing.

Signature of Applicant _____ Date _____