



Application for Employment

Thank you for your interest in employment with Ohio Pickling and Processing. Ohio Pickling and Processing is an equal opportunity employer. Applicants will receive consideration for employment without regard to race, color, sex, religion, national origin, citizenship, height, weight, marital status, disability, age, or any other legally protected status. Ohio Pickling and Processing may test applicants for drugs, and if tested, applicants must pass the drug test to be eligible for employment. You are not required to furnish any information that is prohibited by federal, state, or local law.

Today's Date (MM/DD/YYYY): _____

Name: _____
Last First

Address: _____
Street City State Zip Code

Email Address: _____ Cell Phone: _____

Are you legally entitled to work in the United States? (Circle one) Yes No

Are you 18 years or older? (Circle one) Yes No

If related to anyone in our Company, please state their name: _____

If referred to Ohio Pickling & Processing, please state their name: _____

Are you a former employee of Ohio Pickling & Processing? (Circle one) Yes No

Type of employment desired: (Circle all that apply) Full-Time Part-time Seasonal/Temporary

Position(s) for which you may be qualified: _____

Desired Wage/Salary: _____ Date Available to Start: _____

Are you on layoff and subject to recall? (Circle one) Yes No

Can you work up to 12 hours per day? (Circle one) Yes No

Can you work weekends if required? (Circle one) Yes No

Shift Availability (Circle all that apply) 5a-5p 7am-3pm 3pm-11pm 5pm-5am 11p-7am



EMPLOYMENT HISTORY

List your last three employers, beginning with the most recent.

Company: _____ Supervisor Name: _____

Telephone #: _____

Address: _____
Street City State Zip Code

Dates of Employment: From (MM/DD/YYYY) To (MM/DD/YYYY)

Position you held: _____ Wage: \$ _____ / hr

Reason for Leaving: _____

May we contact this employer for a reference? •Yes • No If no, explain: _____

Company: _____ Supervisor Name: _____

Telephone #: _____

Address: _____
Street City State Zip Code

Dates of Employment: From (MM/DD/YYYY) To (MM/DD/YYYY)

Position you held: _____ Salary: \$ _____ / yr.

Reason for Leaving: _____

May we contact this employer for a reference? •Yes • No If no, explain: _____

Company: _____ Supervisor Name: _____

Telephone #: _____

Address: _____
Street City State Zip Code

Dates of Employment: From (MM/DD/YYYY) To (MM/DD/YYYY)

Position you held: _____ Salary: \$ _____ / yr.

Reason for Leaving: _____

May we contact this employer for a reference? •Yes • No If no, explain: _____



EDUCATION HISTORY

High School: _____ City _____ State _____

(Circle One) Incomplete GED Diploma

College/ University: _____ City _____ State _____

(Circle One) Some College Associates Bachelors Doctorate

Major Course of Study: _____

U.S. MILITARY EXPERIENCE

Branch: _____ Type of Duty: _____

Nature of Duties: _____

SPECIAL SKILLS & QUALIFICATIONS

Summarize any special skills &/or qualifications acquired from previous employment, training, or other experience:



ACKNOWLEDGMENT AND AUTHORIZATION

Please read carefully, initial each paragraph and sign below.

TRUTHFULNESS OF INFORMATION

I certify that the answers given by me on this application are true, correct and complete, to the best of my knowledge. I understand that any misstatement, misrepresentation, or omission of facts on this application or any documents used to obtain employment may result in rejection of this application or immediate discharge if I am employed, regardless of the time elapsed before discovery of the misstatement or omission. I further certify that I, the applicant, have personally completed this application.

Initials _____

AUTHORIZATION OF DISCLOSURES

I authorize Ohio Pickling and Processing to investigate my references, prior employment, work record, education and other matters related to my suitability for employment and, further, authorize the references that I have listed, all prior employers, and all educational institutions attended, to disclose to Ohio Pickling and Processing any letters, reports, and other information related to my records, including, but not limited to, my performance reviews and evaluations, discipline, commendations, awards, and all other employment information, without giving me prior notice of that disclosure. I understand and agree that they may express their opinions about me and my past or future performance. By providing this page of the application to the references, prior employers, and educational institutions attended, I release them, and their employees, managers, executives, board members, agents, or other representatives, to the fullest extent permitted by law, from any claims and liabilities for providing Ohio Pickling and Processing with all information, and I release Ohio Pickling and Processing and its employees, managers, executives, board members, agents or other representatives, to the fullest extent permitted by law, from any and all claims, and liabilities that may result from any use or disclosure of such information by Ohio Pickling and Processing or any of its employees, managers, executives, board members, agents, or other representatives.

Initials _____

I understand that I may be required to undertake a physical examination in connection with my application for employment. I hereby authorize any physician or clinic to release to Ohio Pickling and Processing the information derived from that examination as Ohio Pickling and Processing requires. I waive and release any claims that I might have against Ohio Pickling and Processing on account of the physical examination or the release of information from the physical examination to Ohio Pickling and Processing

Initials _____

DRUG TEST

I understand that Ohio Pickling and Processing may require a pre-employment drug test for the position for which I am applying. I understand that Ohio Pickling and Processing will not employ any applicant who is required to take a pre-employment drug test, but who refuses to sign a consent form or who fails to successfully pass the pre-employment drug test. Further, I authorize the collection site or testing laboratory that conducts the testing to release to Ohio Pickling and Processing the results of the pre-employment drug test, and I agree to execute any further documents that may be necessary to allow the disclosure. I understand that Ohio Pickling and Processing will not employ any applicant with a positive pre-employment drug test unless an adequate medical explanation for the positive reading is provided. I waive and release any claims based on the pre-employment drug test and the release of the drug test results to Ohio Pickling and Processing.

Initials _____

COMPLIANCE WITH RULES, REGULATIONS, POLICIES, AND PROCEDURES



If I become employed, in consideration of my employment, I agree to comply with the rules, regulations, policies, and procedures of Ohio Pickling and Processing.

Initials _____

AT-WILL EMPLOYMENT

IF HIRED, I AGREE THAT Ohio Pickling and Processing CAN TERMINATE MY EMPLOYMENT AND COMPENSATION AT ITS WILL FOR ANY REASON OR NO REASON, EXCEPT AN ILLEGAL REASON, WITH OR WITHOUT CAUSE, AT ANY TIME, WITH OR WITHOUT ADVANCE NOTICE OR WARNING, AND THAT Ohio Pickling and Processing DECISION IS NOT SUBJECT TO REVIEW OUTSIDE Ohio Pickling and Processing (EXCEPT AS MAY BE PROVIDED BY THE APPLICABLE STATUTE). I UNDERSTAND AND AGREE THAT NO EMPLOYEE, MANAGER, EXECUTIVE, AGENT, BOARD MEMBER, OR ANY OTHER REPRESENTATIVE OF Ohio Pickling and Processing, OTHER THAN THE PRESIDENT, HAS ANY AUTHORITY TO ENTER INTO ANY AGREEMENT FOR EMPLOYMENT FOR ANY SPECIFIED PERIOD OF TIME OR TERMINABLE FOR CAUSE OR TO MAKE ANY ORAL OR WRITTEN REPRESENTATION OR AGREEMENT OR TO ESTABLISH ANY PRACTICE CONTRARY TO AT-WILL NATURE OF MY EMPLOYMENT RELATIONSHIP WITH Ohio Pickling and Processing. I FURTHER UNDERSTAND AND AGREE THAT ONLY AN AGREEMENT IN WRITING EXPRESSLY FOR THE PURPOSE OF MODIFYING THE AT-WILL NATURE OF MY EMPLOYMENT AND SIGNED BY ME AND THE PRESIDENT OF Ohio Pickling and Processing CAN MODIFY THE AT-WILL NATURE OF MY EMPLOYMENT. I UNDERSTAND AND AGREE THAT NO OTHER ORAL OR WRITTEN STATEMENT, POLICY, OR PRACTICE AND NO PROVISION OF Ohio Pickling and Processing CAN CHANGE THE AT-WILL NATURE OF MY EMPLOYMENT.

Initials _____

I ALSO UNDERSTAND AND AGREE THAT, BY SIGNING THIS APPLICATION, I WOULD BE ACCEPTING EMPLOYMENT, IF HIRED, ON THE TERMS SET FORTH IN THIS APPLICATION AND THAT MY ACCEPTANCE OF SUCH EMPLOYMENT WOULD SUPERSEDE, REVOKE, CANCEL, AND NEGATE ANY PRIOR STATEMENTS, AGREEMENTS, PRACTICES, POLICIES, AND REPRESENTATIONS, ORAL OR WRITTEN, IF ANY, THAT Ohio Pickling and Processing WOULD EMPLOY ME ON ANY TERMS OTHER THAN THE TERMS SET FORTH IN THIS APPLICATION.

Initials _____

EXPIRATION OF APPLICATION

This application will be null and void after 6 months if Ohio Pickling and Processing does not hire me, and I will need to re-apply if I want to be considered for employment after the 6-month expiration of this application.

Initials _____

Printed Name

Signature

Date