

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	

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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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Phone: 814-839-4186 • Fax: 814-839-4276
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, prior to beginning employment, to submit to oral fluid, blood, urine or other medical examinations for controlled substances and drugs to be conducted by a trained employee (for oral fluid testing), 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 other documents required for disclosure to the company of medical examinations 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, you must report to the required location at the appointed time. Take a form of photo identification (driver's license).

Drug Screening Agreement (HRDSA040700)

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