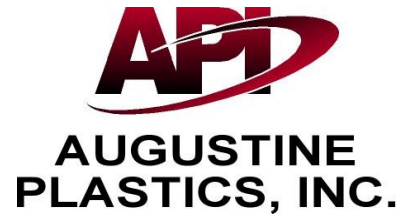




Augustine Die & Mold, Inc.
Augustine Plastics, Inc.
 492 Drum Avenue
 Somerset, Pennsylvania 15501



Date: _____

APPLICATION FOR EMPLOYMENT

Applications are kept in active status for twelve (12) months.

AN EQUAL OPPORTUNITY EMPLOYER

We do not discriminate on the basis of race, religion, national origin, color, sex, age, disability or veteran status. It is our intention that all applicants be given equal opportunity and that selection decisions are based on job related performance factors. The fact that this application has been provided to you does not necessarily mean there are positions available and does not in any way obligate the Company to offer you employment.

INSTRUCTIONS—Each question/part must be fully and accurately completed. Further consideration may not be given until all questions/parts have been completed. Use the back of this application if additional room is needed. Do not provide any information unless the application specifically requests it.

PLEASE PRINT—except for your signature on the last page of this form.

The schedule for this job may require shift work and/or over-time; I am willing to abide by this. (Your initials) _____

Name:					
Last	First	Middle			
Address:					
Street	P.O. Box	City	State	Zip	
Home Phone Number:		<u>Cell Number:</u>			

Are you over 18 years of age? Yes No Social Security Number: Email: Yes No

Are you a citizen of the United States? Yes No If No, are you in the U.S. under a Visa? Yes No

Have you completed an application with this company before? Yes No If Yes, when? _____

Have you been employed with this Company before? Yes No If Yes, when? _____

Is there any additional information concerning a change of your name or use of another name which would help us check your work record? Yes No If Yes, please explain: _____

United States Military Record

Were you in the Armed Services: Yes No If Yes, what branch? _____

If Yes, please detail what job experience you gained there: _____

Education

High School: _____

High School Address (City, State): _____

Did you graduate High School? Yes No Did you obtain your GED? Yes No

College: _____ Location: _____

College Major: _____ Degree: _____

Did you graduate College? Yes No

Training/Skills

Please list any additional education and/or vocational technical training you have had: _____

Applicable Skills (Check all that apply. Include years of experience)

- | | |
|--|--|
| <input type="checkbox"/> EMT/CPR/First Aid _____ years _____ | <input type="checkbox"/> Fork Lift _____ years _____ |
| <input type="checkbox"/> Welding _____ years _____ | <input type="checkbox"/> Auto CAD _____ years _____ |

CNC _____ years _____

CDL _____ years _____

Supervisory _____ years _____

Other _____ years _____

Have you been convicted of a crime or pleaded nolo contendere (no contest) to a criminal offense (other than traffic violation) in the past 10 years? Yes* No If Yes, complete the following and list all instances even if adjudication was withheld:

Name (at time of conviction or plea)	Date	Charge	Law Agency	Disposition
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*Note: A "Yes" response does not automatically disqualify an applicant from employment.

On this page it is extremely important that you give as complete and accurate information as you can concerning your work record.

This application asks for certain names, phone numbers, certification numbers, dates, etc. If you cannot remember some of these things, please obtain them as soon as you can and send us a letter with the information to the address shown at the top of the front page or you can fill out the front cover sheet and mail it to us.

EMPLOYMENT RECORD

(BEGIN WITH YOUR CURRENT OR MOST RECENT EMPLOYMENT AND LIST BACKWARD)

EMPLOYER		
Name		Phone Number:
Address	City	State Zip
Immediate Supervisor:		Phone Number:
Dates you were employed: From To		Hourly rate of pay; or annual salary: \$
Reason for leaving or looking to leave if still employed?		
List all jobs you performed for this Company and the approximate length of time you worked at each job:		
Job	Type of Equipment Operated	Length of Time in Job
Do we have permission to contact this Company? <input type="checkbox"/> Yes <input type="checkbox"/> No		
EMPLOYER		
Name		Phone Number:
Address	City	State Zip
Immediate Supervisor:		Phone Number:
Dates you were employed: From To		Hourly rate of pay; or annual salary: \$
Reason for leaving or looking to leave if still employed?		
List all jobs you performed for this Company and the approximate length of time you worked at each job:		
Job	Type of Equipment Operated	Length of Time in Job
Do we have permission to contact this Company? <input type="checkbox"/> Yes <input type="checkbox"/> No		
EMPLOYER		
Name		Phone Number:
Address	City	State Zip
Immediate Supervisor:		Phone Number:
Dates you were employed: From To		Hourly rate of pay; or annual salary: \$
Reason for leaving or looking to leave if still employed?		
List all jobs you performed for this Company and the approximate length of time you worked at each job:		
Job	Type of Equipment Operated	Length of Time in Job
Do we have permission to contact this Company? <input type="checkbox"/> Yes <input type="checkbox"/> No		

References: By listing these 3 references; I verify that I know them either personally or professionally; and they may be contacted in regards to past/future employment or character checks.

PLEASE: DO NOT LIST FAMILY MEMBERS.

Name	Relationship	Phone Number
Name Number	Relationship	Phone
Name Phone Number	Relationship	

IMPORTANT!!!!

YOU **MUST** READ THE FOLLOWING STATEMENTS CAREFULLY.

PUT YOUR INITIALS BY EACH STATEMENT ON THE LINE PROVIDED.

YOU MUST SIGN YOUR NAME AND PUT IN THE DATE ON THE BOTTOM OF THIS PAGE.

I understand that either misrepresentations or omissions of facts called for on this application are causes for rejection of this application; or for subsequent dismissal from employment. (Your initials) _____

I understand that at the time of employment, I must submit to and pass a pre-employment physical, and drug screening. Failure to pass may disqualify me from employment. (Your initials) _____

If I am employed, I agree to comply with and be bound by the safety and work rules and other rules, regulations, and policies of the Company. (Your initials) _____

I understand and accept that I must successfully complete the Company's probationary period if I am hired. (Your initials) _____

I understand that in the event my application for employment is accepted, the effective date of acceptance and of my employment shall be the time I actually begin work. (Your initials) _____

I acknowledge and represent that I am not bound by any agreement or covenant of any kind that limits or restricts me from competing with any former employer, disclosing any confidential information or trade secrets, or contacting any former co-workers or customers with whom I have dealt. (Your initials) _____

If hired; I understand that I am free to resign at any time, with or without cause and with or without prior notice; and the employer reserves the same right to terminate my employment at any time, with or without cause and with or without prior notice, except as may be required by law. This application does not constitute an agreement or contract for employment for any specified period or definite duration. (Your initials) _____

I have read and understand the contents of this application. (Your initials) _____

PRINT NAME

SIGN NAME

DATE