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| augustine2 | **Augustine Die & Mold, Inc. (ADM)****Augustine Plastics, Inc. (API)**492 Drum AvenueSomerset, PA 15501 |  |

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| APPLICATION FOR EMPLOYMENT | Kept active for 12 months |
| Position Applying For:  | Date:   /    /     |

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| Equal Employment Opportunity (EEO) EmployerAugustine Die & Mold, Inc. (ADM) and Augustine Plastics, Inc. (API) provide equal employment opportunities to all employees and applicants for employment and prohibit discrimination and harassment of any type without regard to race, color, religion, age, sex, national origin, disability status, genetics, protected veteran status, sexual orientation, gender identity or expression, or any other characteristic protected by federal, state, or local laws. This policy applies to all terms and conditions of employment, including recruiting, hiring, placement, promotion, termination, layoff, recall, transfer, leave of absence, compensation, and training. |

**Please fully complete all sections**. **We may not further consider your Application until all information is provided.**

WORK SCHEDULE: The schedule for this position may require shift work, weekends, and/or overtime. Please indicate that you are willing to abide by this schedule when needed. [ ]  Yes, I am willing to abide by schedule.

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| LAST NAME | FIRST NAME | MIDDLE NAME |
|  |  |  |
| EMAIL ADDRESS |  |

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| --- | --- | --- | --- | --- |
| STREET | P.O. BOX | CITY | STATE | ZIP CODE |
|  |  |  |  |  |
| HOME PHONE NUMBER |  | MOBILE NUMBER |  |

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| List any additional name(s) by which you have been known in any legal capacity or used on official documentation. |
| Name:       |
| Name:       |
| Are you 18 years of age or older?  | [ ]  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 previously been employed with us? | Augustine Die & Mold, Inc. | [ ]  Yes | Position:       | [ ]  No |
|  | Augustine Plastics, Inc. | [ ]  Yes | Position:       | [ ]  No |
| Were you referred to us by anyone? |
| [ ]  Yes | Name:       | [ ]  No |

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| UNITED STATES MILITARY RECORD |
| Did you serve in the Armed Forces? [ ]  Yes  | If Yes, which branch?       | [ ]  No |
| Dates of military service: | From:   /    /     | To:   /    /     |
| Describe training and work experience:       |

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| EDUCATION |
| High School:       |
| Address:       | City:        | State:     | Zip Code:        |
| Did you graduate? [ ]  Yes [ ]  No | If No, did you obtain your G.E.D.? [ ]  Yes [ ]  No  |
| College:       | City:       | State:    |
| College Major:       |
| Did you graduate? [ ]  Yes Degree:       | [ ]  No |

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| ADDITIONAL TRAINING Describe any additional education, vocational technical training, or other training: |
|       |
| SPECIALIZED SKILLS |
| [ ]  EMT/CPR/First Aid | Years    | [ ]  Certified | [ ]  CAD/CAM | Years    | [ ]  Certified |
| [ ]  ISO 9001 QMS | Years    | [ ]  Certified Auditor | [ ]  GibbsCAM | Years    | [ ]  Certified |
| [ ]  AS9100 QMS | Years    | [ ]  Certified Auditor | [ ]  List Other Software | Years    | [ ]  Certified |
| [ ]  Lean Mfg/Six Sigma | Years    | [ ]  Certified |       | Years    | [ ]  Certified |
| [ ]  CNC | Years    | [ ]  Certified |       | Years    | [ ]  Certified |
| [ ]  Welding | Years    | [ ]  Certified |       | Years    | [ ]  Certified |
| [ ]  Fork Lift | Years    | [ ]  Certified | [ ]  List Other Skill(s) | Years    | [ ]  Certified |
| [ ]  Crane | Years    | [ ]  Certified |       | Years    | [ ]  Certified |
| [ ]  CDL | Years    | [ ]  Certified |       | Years    | [ ]  Certified |

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| CRIMINAL HISTORY |
| Have you been convicted of a crime or pleaded *nolo contendere* (no contest) to a criminal offense charge (other than traffic violation) in the past 7 years? If Yes, complete the following and list all instances even if adjudication was withheld*. \*Note: A “Yes” response does not automatically disqualify an applicant from employment.* | [ ]  Yes\* [ ]  No |
| NAME (at conviction or plea) | DATE | DISPOSITION(convicted, acquitted, etc.) |
|       |   /    /     |       |
|       |   /    /     |       |

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EMPLOYMENT RECORD Please complete *all* fields even if you are also providing a resumé. Do not say “see resumé.”
Begin with your current or most recent employment and work backward.

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| EMPLOYER |
| Name:       | Main Phone Number:       |
| Address:       | City:        | State:     | Zip Code:        |
| Immediate Supervisor:       | Title:        | Phone Number:        |
| Dates of employment: | From:   /    /     | To:   /    /     |
| Reason for leaving or looking to leave if still employed:       |
| Key Jobs/Responsibilities | Type of Equipment or Software Operated | Length of Time |
|       |       |       |
|       |       |       |
|       |       |       |
|       |       |       |
|       |       |       |
| Do we have permission to contact this Employer? [ ]  Yes [ ]  No |

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| EMPLOYER |
| Name:       | Main Phone Number:       |
| Address:       | City:        | State:     | Zip Code:        |
| Immediate Supervisor:       | Title:        | Phone Number:        |
| Dates of employment: | From:   /    /     | To:   /    /     |
| Reason for leaving or looking to leave if still employed:       |
| Key Jobs/Responsibilities | Type of Equipment or Software Operated | Length of Time |
|       |       |       |
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| Do we have permission to contact this Employer? [ ]  Yes [ ]  No |

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| EMPLOYER |
| Name:       | Main Phone Number:       |
| Address:       | City:        | State:     | Zip Code:        |
| Immediate Supervisor:       | Title:        | Phone Number:        |
| Dates of employment: | From:   /    /     | To:   /    /     |
| Reason for leaving or looking to leave if still employed:       |
| Key Jobs/Responsibilities | Type of Equipment or Software Operated | Length of Time |
|       |       |       |
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| Do we have permission to contact this Employer? [ ]  Yes [ ]  No |

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| REFERENCES By listing these three references, you verify that you know them either personally or professionally, and you provide permission for the Company to contact them regarding past and future employment or character checks. **Please do not list relatives.** |
| Name: | Relationship: | Phone Number: |
|       |       |       |
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IMPORTANT

1. READ THE FOLLOWING STATEMENTS CAREFULLY.

1. PLACE YOUR INITIALS BY EACH STATEMENT INDICATING THAT YOU UNDERSTAND, ACKNOWLEDGE, AND AGREE TO THE STATEMENTS PROVIDED.

1. PRINT/TYPE YOUR NAME, SIGN/DIGITALLY SIGN YOUR NAME, AND ADD TODAY’S DATE AT BOTTOM OF THIS APPLICATION.

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| STATEMENTS | Your Initials |
| I understand that either misrepresentations or omissions of facts called for on this Application for Employment are causes for rejection of this application or for subsequent dismissal from employment. |     |
| I understand that at the time of employment, I must submit to and pass a pre-employment physical and drug screen. Failure to pass will disqualify me from employment.  |     |
| 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.  |     |
| I understand and accept that I must successfully complete the Company’s probationary period if I am hired. |     |
| I understand that in the event that my application is accepted, the effective date of my employment shall be the date that I actually begin work.  |     |
| I represent that I am not currently 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 coworkers or customers with whom I have dealt.  |     |
| 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. |     |

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| My signature/electronic signature below indicates that the information that I have provided is true and I have read andunderstand the contents of this application. |
| Print or Type (if electronically) Your Name | Sign Your Name (begin typing if electronically) | Date |
|       |       |   /    /     |

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| ☞ If Submitting this Application Electronically ☜ |
| 1. “Save As” this application as a Word file or PDF with your First and Last Name and the word Application as the file name. (John Doe Application.doc or John Doe Application.pdf)
 | 1. In the email Subject field, type your First and Last Name and the word Application.

(Subject: John Doe Application) | 1. Email application file to careers@admapi.com
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