



Date \_\_\_\_\_

Please Print Clearly

# APPLICATION FOR EMPLOYMENT

**Please Answer All Questions. Résumés Are Not A Substitute For A Completed Application.**

Allegheny Bradford Corp. is an equal opportunity employer and administers all personnel practices without regard to race, color, religion, sex, age, national origin, disability, sexual orientation, gender identity or expression, marital status, veteran status, genetics or any other category protected under applicable law.

*All applicants may be subject to a pre-employment physical and drug screening, possible pre-employment assessment, interview, and background investigation in order to qualify for full-time employment.*

Position Applied For \_\_\_\_\_ Full Name \_\_\_\_\_  
First Middle Last

Telephone Number ( ) \_\_\_\_\_ - \_\_\_\_\_ Alternate Telephone Number ( ) \_\_\_\_\_ - \_\_\_\_\_

Present Address \_\_\_\_\_  
Street, Apartment, or Unit Number

\_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

How long have you lived there \_\_\_\_/\_\_\_\_ Years/Months Email Address (optional) \_\_\_\_\_

Desired Salary/Hourly Rate \_\_\_\_\_

Are you legally authorized to work in the United States? Yes  No

Are you at least 18 years old? Yes  No   
If not, your employment will be subject to verification that you meet state/federal minimum age requirements for the type of work you are applying for and have obtained a valid work permit

Type of employment desired? Full-time  Part-time  (Specify Hours) \_\_\_\_\_

Preferred shift?  First Shift  Second Shift  Either

Are you willing and able to work overtime? Yes  No

Date on which you can start work if hired \_\_\_\_\_

Have you previously applied for employment with this Company? Yes  No

If Yes, when and what position did you apply for? \_\_\_\_\_  
\_\_\_\_\_

Have you ever been employed by this Company? Yes  No

If Yes, provide dates of employment, location, and reason for separation from employment.

\_\_\_\_\_  
\_\_\_\_\_

If applicable, below list any other names by which you have been known which may be necessary to allow us to confirm your work and educational record. For example, change of name, use of an assumed name, nickname, etc.

\_\_\_\_\_

Education	School Name and Location (Address, City, State)	Course of Study	Graduate? Y or N	# of Years Completed	Degree/Major
High School					
Post High School					
Post High School					

Certifications \_\_\_\_\_  
 \_\_\_\_\_

**WORK EXPERIENCE**

Please list the names of your present and/or previous employers in reverse chronological order with present or most recent employer listed first. Provide information for at least the most recent ten (10) year period. Attach additional sheets if needed. If self-employed, supply firm name and business references. You may include any verifiable work performed on a volunteer basis, internships, or military service. Your failure to completely respond to each inquiry may disqualify you for consideration from employment. Do not answer "see résumé."

Employer

**Name** \_\_\_\_\_ **Address** \_\_\_\_\_

Telephone (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ Dates Employed From \_\_\_\_/\_\_\_\_/\_\_\_\_ To \_\_\_\_/\_\_\_\_/\_\_\_\_

Job Title \_\_\_\_\_ Duties \_\_\_\_\_

Supervisor's Name \_\_\_\_\_ May we contact?  Yes  No If No, why not? \_\_\_\_\_

Current or final wage \_\_\_\_\_ Reason for Leaving \_\_\_\_\_

What will this employer say was the reason your employment terminated? \_\_\_\_\_

How much notice did you give when resigning? If none, explain. \_\_\_\_\_

Employer

**Name** \_\_\_\_\_ **Address** \_\_\_\_\_

Telephone (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ Dates Employed From \_\_\_\_/\_\_\_\_/\_\_\_\_ To \_\_\_\_/\_\_\_\_/\_\_\_\_

Job Title \_\_\_\_\_ Duties \_\_\_\_\_

Supervisor's Name \_\_\_\_\_ May we contact?  Yes  No If No, why not? \_\_\_\_\_

Current or final wage \_\_\_\_\_ Reason for Leaving \_\_\_\_\_

What will this employer say was the reason your employment terminated? \_\_\_\_\_

How much notice did you give when resigning? If none, explain. \_\_\_\_\_

Employer

**Name** \_\_\_\_\_ **Address** \_\_\_\_\_

Telephone (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ Dates Employed From \_\_\_\_/\_\_\_\_/\_\_\_\_ To \_\_\_\_/\_\_\_\_/\_\_\_\_

Job Title \_\_\_\_\_ Duties \_\_\_\_\_

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What will this employer say was the reason your employment terminated? \_\_\_\_\_

How much notice did you give when resigning? If none, explain. \_\_\_\_\_

Employer

**Name**

**Address**

Telephone (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ Dates Employed From \_\_\_\_/\_\_\_\_/\_\_\_\_ To \_\_\_\_/\_\_\_\_/\_\_\_\_

Job Title \_\_\_\_\_ Duties \_\_\_\_\_

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How much notice did you give when resigning? If none, explain. \_\_\_\_\_

Employer

**Name**

**Address**

Telephone (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ Dates Employed From \_\_\_\_/\_\_\_\_/\_\_\_\_ To \_\_\_\_/\_\_\_\_/\_\_\_\_

Job Title \_\_\_\_\_ Duties \_\_\_\_\_

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Current or final wage \_\_\_\_\_ Reason for Leaving \_\_\_\_\_

What will this employer say was the reason your employment terminated? \_\_\_\_\_

How much notice did you give when resigning? If none, explain. \_\_\_\_\_

**SKILLS AND QUALIFICATIONS**

Summarize any training, skills, and areas of specialization or major interest that may qualify you as being able to perform job-related functions in the position for which you are applying. Include any business or industrial equipment operated.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**REFERENCES**

Please list the names of additional work-related references we may contact. Individuals with no prior work experience may list school or volunteer-related references.

NAME	POSITION	COMPANY	WORK RELATIONSHIP (i.e., supervisor, co-worker)	TELEPHONE

Please list the names of personal references (not previous employers or relatives) who know you well that we may contact.

NAME	OCCUPATION	ADDRESS	TELEPHONE	NUMBER OF YEARS KNOWN

**Please Read Carefully Before Signing This Form**

1. All information contained in this application is true and correct to the best of my knowledge and belief. I understand that misrepresentations or omissions of any kind may result in denial of employment or be cause for subsequent dismissal if I am hired, regardless of when such information is discovered.
2. I authorize the company to investigate my responses on this application and contact any or all of my former employers or any individuals familiar with me or my employment background for the purpose of verifying any information I have provided and/or for the purpose of obtaining any information, whether favorable or unfavorable, about me or my employment. I voluntarily and knowingly fully release and hold harmless any persons or organizations providing information pertaining to me or my employment.
3. I understand that upon receiving a job offer, a physical examination and drug screening may be required. (Note: If this is a job requirement, you will be notified.)
4. I understand that prior to my employment I may be asked to sign a background check consent form or other documentation in order to facilitate my hiring. I agree to sign these forms.
5. I understand that this application remains current for only 90 days. At the conclusion of that time, if I have not heard from the employer and still wish to be considered for employment, it will be necessary for me to reapply and fill out a new application.
6. This Company does not tolerate unlawful discrimination in its employment practices. No question on this application is used for the purpose of limiting or excluding an applicant from consideration for employment on the basis of race, color, religion, sex, age, disability, sexual orientation, gender identity or expression, marital status, veteran status, genetics or any other category protected under applicable federal, state or local law. The Company likewise does not tolerate harassment based on race, color, religion, sex, age, disability, sexual orientation, gender identity or expression, marital status, veteran status, genetics or any other protected status. Examples of prohibited harassment include, but are not limited to, unwelcome physical contact, offensive gestures, unwelcome comments, jokes, epithets, threats, insults, name-calling, negative stereotyping, possession or display of derogatory pictures or other graphic materials, and any other words or conduct that demean, stigmatize, intimidate, or single out a person because of his/her membership in a protected category. Harassment of our employees is strictly prohibited, whether it is committed by a manager, coworker, subordinate or non-employee (such as a vendor or customer). The Company takes all complaints of harassment seriously and all complaints will be investigated promptly and thoroughly.
7. Regardless of whether or not I become employed by the company, I recognize that this application is not and should not be considered a contract of employment. I understand that employment at the company is on an at-will basis and that my employment may be terminated with or without cause, and without notice, at any time, at my option or the company's, unless specifically provided otherwise in a written employment contract. I further understand that no company employee or representative has the authority to enter into a contract regarding duration or terms and conditions of employment other than an officer or official of the company, and then only by means of a signed, written document.

DO NOT SIGN UNTIL YOU HAVE READ ALL OF THE INFORMATION CONTAINED IN THE APPLICATION.

I CERTIFY THAT ALL OF THE INFORMATION THAT I HAVE PROVIDED ON THIS APPLICATION IS TRUE, ACCURATE, AND COMPLETE.

Applicant Signature \_\_\_\_\_ Date \_\_\_\_/\_\_\_\_/\_\_\_\_

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If the applicant is a minor, the foregoing release and consent must be signed by the applicant's parent or legal guardian. Signature by the applicant's parent or legal guardian constitutes acknowledgement by the applicant and the parent or legal guardian that the Company, to the extent permitted by federal, state, and local law, can test the applicant for illegal or controlled substances, conduct inspections of property without notice, and communicate test results to Company personnel who need to know, the applicant, and the applicant's legal guardian.

Parent/Legal Guardian Signature \_\_\_\_\_ Date \_\_\_\_/\_\_\_\_/\_\_\_\_

## VOLUNTARY AFFIRMATIVE ACTION FORM

Allegheny Bradford Corporation is an Equal Opportunity Employer. We consider applicants for all positions without regard to race, color, religion, sex, national origin, age, disability, veteran status or any other legally protected class. As required by law, we must record certain information. Applicants are invited to participate in the Affirmative Action Program by reporting their status as minority, disabled veteran or other veteran status, or other disabled. In extending this invitation you are advised that: 1) you are under no obligation to respond, but may do so in the future if you choose; 2) responses will remain confidential within the Human Resources Department; and 3) responses will be used only for the necessary reporting.

In an effort to help us comply with legal record keeping requirements regarding Affirmative Action, we ask that you complete the information requested below. Please be advised that your completion of this form is NOT part of your official application for employment. It is considered confidential information that will not be used in any hiring decision. Refusal to provide this information will have no bearing on your application and will not subject you to any adverse treatment. If you choose to participate by completing this form, we thank you for your cooperation.

### Section 1: General Applicant Information – Please complete

Applicant Name: \_\_\_\_\_ Date: \_\_\_\_\_

Position Applied for: \_\_\_\_\_

### Section 2: Referral Source – Please check one

- |                                                       |                                                                       |                                                    |
|-------------------------------------------------------|-----------------------------------------------------------------------|----------------------------------------------------|
| <input type="checkbox"/> Referred by current employee | <input type="checkbox"/> Internet Ad (other than Company web site ad) | <input type="checkbox"/> Newspaper Ad              |
| <input type="checkbox"/> Internal Posting             | <input type="checkbox"/> Company website                              | <input type="checkbox"/> Directly recruited by ABC |
| <input type="checkbox"/> State Employment Service     | <input type="checkbox"/> Private Staffing Service                     | <input type="checkbox"/> Job Fair                  |
| <input type="checkbox"/> School                       | <input type="checkbox"/> Other(name of source): _____                 | <input type="checkbox"/> Walk-In                   |

A. **Gender** – Check ONE box:  Male  Female

B. **Race/National Origin** - Check the box below that corresponds to the category that best identifies your race/ethnicity. **IMPORTANT:** If you check the “Two or more races” box, please also check ALL boxes that identify your race/ethnicity. For example: If you identify yourself as Asian and Black, you would check 3 boxes – one for Black, one for Asian and one for Two or more races.

#### Race/Ethnic Category

Hispanic or Latino

#### Definition of Category

A person of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin regardless of race.

#### NOT Hispanic or Latino

White

A person having origins in any of the original peoples of Europe, the Middle East, or North Africa

Black or African American

A person having origins in any of the black racial groups of Africa.

Native Hawaiian or Other Pacific Islander

A person having origins in any of the peoples of Hawaii, Guam, Samoa, or other Pacific Islands.

Asian

A person having origins in any of the original peoples of the Far East, Southeast Asia, or the Indian Subcontinent, including, for example, Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand, and Vietnam.

American Indian or Alaska Native

A person having origins in any of the original peoples of North and South America (including Central America), and who maintain tribal affiliation or community attachment.

Two or more races (NOT Hispanic or Latino)

All persons who identify with more than one of the above five races.

Do not wish to identify

All persons not wishing to self-identify race/ethnicity

C. **Veteran Status\*** - Please check all boxes below that apply. Identification of veteran status is essential for effective affirmative action data collection and analysis. If you choose to identify your veteran status, the information you provide will be used for statistical purposes only and will not affect your employment in any way.

**Veteran Status\***

Vietnam Era Veteran

**Definition**

A person who (I) served on active duty in the U.S. military, ground, naval, or air service for a period of more than 180 days, and who was discharged or released there from with other than a dishonorable discharge, if any part of such active duty was performed: (A) in the Republic of Vietnam between February 28, 1961 and May 7, 1975; or (B) between August 5, 1964, and May 7, 1975, in all other cases; OR; (II) was discharged or released from active duty in the U.S. military, ground, naval, or air service for a service connected disability if any part of such active duty was performed (A) in the Republic of Vietnam between February 28, 1961 and May 7, 1975; or (B) between August 5, 1964 and May 7, 1975, in any other location.

Special Disabled Veteran

A veteran of the U.S. military, ground, naval or air service who is entitled to compensation (or who but for the receipt of military retired pay would be entitled to compensation) under laws administered by the Department of Veterans' Affairs for a disability – a) rated at 30% or more; b) rated at 10 or 20% in the case of a veteran who has been determined under Section 38 U.S.C. 3106 to have a serious employment handicap; or c) a person who was discharged or released from active duty because of service connected disability.

Other Protected Eligible Veteran

Veterans who served on active duty in the U.S. military, ground, naval, or air service during a war or in a campaign or expedition for which a campaign badge, a service medal, or an expeditionary medal has been authorized. To identify campaigns or expeditions that may meet this criteria, you may visit the following website:

[https://www.dol.gov/sites/dolgov/files/ofccp/posters/Infographics/files/ProtectedVet-2016-11x17\\_ENGESQA508c.pdf](https://www.dol.gov/sites/dolgov/files/ofccp/posters/Infographics/files/ProtectedVet-2016-11x17_ENGESQA508c.pdf) .

Newly Separated Veteran

Any veteran who served on active duty in the U.S. military, ground, naval or air service during the past one-year period, beginning on the date of such veteran's discharge or release from active duty.

Not Applicable

\*According to 41 CFR 60-250.42, there are only two circumstances under which an employer may ask applicants who are Special Disabled Veterans to self-identify on a pre-offer basis: 1) The invitation is made when the contractor actually is undertaking affirmative action for special disabled veterans at the pre-offer stage; or 2) the invitation is made pursuant to a Federal, State, or local law requiring affirmative action for special disabled veterans.

D. **Disability Status\*\*** – Please check the below box if applicable. Self-identification of disability status is essential for effective affirmative action data collection and analysis. If you choose to self-identify your disability status, the information you provide will be used for statistical purposes only and will not affect your employment in any way.

**Self-Identification**

Individual with Disabilities

**Definition of Disability**

A person has a disability if he or she has a physical or mental impairment which substantially limits one or more major life activities; has a record of such impairment; or is regarded as having such impairment. A handicap is "substantially limiting" if it is likely to cause difficulty in securing, retaining or advancing in employment.

\*\*According to 41 CFR 60-741.42, there are only two circumstances when an employer may ask a disabled applicant to self-identify on a preoffer basis: 1) The invitation is made when the contractor actually is undertaking affirmative action for individuals with disabilities at the preoffer stage; or 2) The invitation is made pursuant to a Federal, State or local law requiring affirmative action for individuals with disabilities.