



**Ohiopyle Prints, Inc. 410 Dinner Bell Road Ohiopyle, PA 15470 Phone (724) 329-4652 Fax (724) 329-1001**

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To Applicant:

Thank you for your interest in a position with Ohiopyle Prints, Inc.

Before you apply to our company, we would like to let you know the following:

1. Most jobs require standing for long periods of time and may require heavy lifting.
2. Production departments can be extremely hot & humid during summer months.
3. We run full criminal background checks on all employees before hiring.
4. We participate in E-Verify.

If you agree to the above, we welcome your application to our company. We look forward to reviewing your application and thank you for your interest.

**Ohiopyle Prints, Inc.**



# Application for Employment

**Ohiopyle Prints, Inc 410 Dinnerbell Road Ohiopyle, PA 15470 Phone: (724) 329-4652 Fax: (724) 329-1001**

Equal access to programs, services and employment is available to all persons. Those requiring reasonable accommodation to the application and/or interview process should notify a representative of the Human Resources Department. PLEASE PRINT

Position(s) applied for \_\_\_\_\_ Pay Expected \_\_\_\_\_ Date of application \_\_\_\_/\_\_\_\_/\_\_\_\_

Name \_\_\_\_\_  
Last First Middle

Address \_\_\_\_\_  
Street City State Zip Code

Home Phone Number (\_\_\_\_) \_\_\_\_ - \_\_\_\_ Cell Phone Number (\_\_\_\_) \_\_\_\_ - \_\_\_\_

Have you ever been employed here before?  Yes  No If yes, dates employed \_\_\_\_\_

If you are under 18, can you furnish a work permit?  Yes  No If no, please explain \_\_\_\_\_

Are you legally eligible for employment in this country?  Yes  No (Proof of U.S. citizenship/immigration status required upon hire.)

Have you ever been convicted of a felony, or pleaded no contest in a felony, or been convicted of a misdemeanor resulting in imprisonment or a fine over \$500 during the last ten years? (Conviction will not necessarily disqualify an applicant)  Yes  No If yes, explain \_\_\_\_\_

Check the following options which you would consider:  Full-time  Part-time  Temporary  Seasonal  Day Shift  Afternoon Shift Date available for work \_\_\_\_\_

**Employment History** List your last three employers or volunteer activities, starting with the most recent, including military experience.

Company Name		Telephone
Address		Employed (State month and year) From To
Job Title	Immediate Supervisor and Title	Hourly pay Starting Final
Summarize duties and responsibilities:		Reason for leaving:
Company Name		Telephone
Address		Employed (State month and year) From To
Job Title	Immediate Supervisor and Title	Hourly pay Starting Final
Summarize duties and responsibilities:		Reason for leaving:
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Summarize duties and responsibilities:		Reason for leaving:

**AN EQUAL OPPORTUNITY EMPLOYER**

**Comments** including explanation of any gaps in employment: \_\_\_\_\_

**Skills and Qualifications** - Summarize any special training, skills, licenses and/or certificates that may qualify you as being able to perform job-related functions in the position for which you are applying. \_\_\_\_\_

**Educational Background**

Name and Location	Years Completed	Degree/Diploma	Course of Study
High School			
College			
Other			

**References** List three (3) business/work references who are **not related to you** and are *not* previous supervisors. If not applicable, list three school or personal references who are **not related to you**.

Name	Telephone	Years Known

**Names of Relatives or Friends Working for Us**

Name	Relationship

I understand that if I am employed, any misrepresentation or material omission made by me on this application will be sufficient cause for cancellation of this application or immediate discharge from the employer's service, whenever it is discovered.

I give the employer the right to contact and obtain information from all references, employers, educational institutions and to otherwise verify the accuracy of the information contained in this application. I hereby release from liability the employer and its representatives for seeking, gathering and using such information and all other persons, corporations or organizations for furnishing such information.

The employer does not unlawfully discriminate in employment and no question on this application is used for the purpose of limiting or excusing any applicant from consideration for employment on a basis prohibited by local, state or federal law.

This application is current for only six (6) months. At the conclusion of this time, if I have not heard from the employer and still wish to be considered for employment, it will be necessary to complete a new application.

If I am hired, I understand that I am free to resign at any time, with or without cause and without prior notice, and the employer reserves the same right to terminate my employment at any time, 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. I understand that no representative of the employer, other than an authorized officer, has the authority to make any assurances to the contrary. I further understand that any such assurances must be in writing and signed by an authorized officer.

I understand it is this company's policy not to refuse to hire a qualified individual with a disability because of that person's need for a reasonable accommodation as required by the ADA.

I also understand that if I am hired, I will be required to provide proof of identity and legal work authorization.

I represent and warrant that I have read and fully understand the foregoing and seek employment under these conditions.

Signature of Applicant \_\_\_\_\_

Date \_\_\_\_ / \_\_\_\_ / \_\_\_\_

