



## Pleasant Mount Welding, Inc.

45 Dundaff Street  
Carbondale, PA 18407-1801  
(570) 282-6164  
(570) 282-7917 FAX  
<https://www.pmwi.net>

### EMPLOYMENT APPLICATION

*Pleasant Mount Welding, Inc. is an equal opportunity employer and does not discriminate against otherwise qualified applicant on the basis of race, color, creed, religion, ancestry, age, sex, martial status, national origin, disability or handicap, or veteran status.*

THIS APPLICATION FOR EMPLOYMENT IS GOOD FOR 90 DAYS ONLY.  
CONSIDERATION FOR EMPLOYMENT AFTER 90 DAYS REQUIRES A NEW APPLICATION.

#### PERSONAL:

Name \_\_\_\_\_ Date \_\_\_\_\_  
*Last First Middle*

Address \_\_\_\_\_  
*Number and Street City State Zip Code*

Position Sought \_\_\_\_\_ Full Time \_\_\_\_\_ Part Time \_\_\_\_\_

Date Available \_\_\_\_\_ Salary Desired \_\_\_\_\_

Phone Number \_\_\_\_\_ Social Security # \_\_\_\_\_

Are you legally eligible for employment in the United States? Yes \_\_\_\_\_ No \_\_\_\_\_

*(If offered employment, you will be required to provide documentation to verify eligibility.)*

**EDUCATION:**

*Please indicate education or training which you believe qualifies you for the position you are seeking.*

**HIGH SCHOOL:**

Number of Years Completed (circle one)      1    2    3    4

**DIPLOMA:** Yes \_\_\_\_\_ No \_\_\_\_\_    **G.E.D.** Yes \_\_\_\_\_ No \_\_\_\_\_

Name of School \_\_\_\_\_ City/State \_\_\_\_\_

**COLLEGE and/or Vocational School:**

Number of Years Completed (circle one)      1    2    3    4

Name of School(s) \_\_\_\_\_ City/State \_\_\_\_\_

Major \_\_\_\_\_ Degrees Earned \_\_\_\_\_

**OTHER TRAINING or DEGREES:**

Name of School(s) \_\_\_\_\_ City/State \_\_\_\_\_

Course \_\_\_\_\_ Degrees/Certificate Earned \_\_\_\_\_

**PROFESSIONAL LICENSE OR MEMBERSHIP:**

Type of License(s) Held \_\_\_\_\_

State License Number \_\_\_\_\_

License Expiration Date \_\_\_\_\_

Other Professional Memberships \_\_\_\_\_

*(You need not disclose membership in professional organizations that may reveal information regarding race, color, creed, sex, religion, national origin, ancestry, age, disability, marital status, veteran status or any other protected status.)*



.....  
Employer \_\_\_\_\_ Address \_\_\_\_\_  
Telephone \_\_\_\_\_ Position \_\_\_\_\_  
Dates of Employment: From \_\_\_\_\_ To \_\_\_\_\_  
*Month/Year Month/Year*  
Salary \_\_\_\_\_ Supervisor \_\_\_\_\_ Department \_\_\_\_\_  
Duties \_\_\_\_\_ Full Time \_\_\_\_\_ Part Time \_\_\_\_\_ Number of Hours \_\_\_\_\_  
Reason for Leaving \_\_\_\_\_

.....  
Employer \_\_\_\_\_ Address \_\_\_\_\_  
Telephone \_\_\_\_\_ Position \_\_\_\_\_  
Dates of Employment: From \_\_\_\_\_ To \_\_\_\_\_  
*Month/Year Month/Year*  
Salary \_\_\_\_\_ Supervisor \_\_\_\_\_ Department \_\_\_\_\_  
Duties \_\_\_\_\_ Full Time \_\_\_\_\_ Part Time \_\_\_\_\_ Number of Hours \_\_\_\_\_  
Reason for Leaving \_\_\_\_\_

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Employer \_\_\_\_\_ Address \_\_\_\_\_  
Telephone \_\_\_\_\_ Position \_\_\_\_\_  
Dates of Employment: From \_\_\_\_\_ To \_\_\_\_\_  
*Month/Year Month/Year*  
Salary \_\_\_\_\_ Supervisor \_\_\_\_\_ Department \_\_\_\_\_  
Duties \_\_\_\_\_ Full Time \_\_\_\_\_ Part Time \_\_\_\_\_ Number of Hours \_\_\_\_\_  
Reason for Leaving \_\_\_\_\_

If you wish to describe additional work experience, attach the above information for each position on a separate piece of paper.

Explain any gaps in work history: \_\_\_\_\_

Have you ever been discharged or asked to resign from a job? Yes \_\_\_\_ No \_\_\_\_

If yes, explain : \_\_\_\_\_

**REFERENCES:**

<b>Professional</b>	<b>Personal</b>
Name _____	Name _____
Address _____ _____	Address _____ _____
Telephone _____	Telephone _____
Name _____	Name _____
Address _____ _____	Address _____ _____
Telephone _____	Telephone _____

**APPLICANT'S CERTIFICATION AND AGREEMENT**

I hereby certify that the facts set forth in the above employment application are true and complete to the best of my knowledge and authorize Pleasant Mount Welding, Inc. to verify their accuracy and to obtain reference information on my work performance. I hereby release Pleasant Mount Welding, Inc. from any/all liability of whatever kind of nature that, at any time, could result from obtaining and having an employment decision based on such information.

I understand that, if employed, falsified statements of any kind or omissions of facts called for on this application shall be considered sufficient basis for dismissal.

I understand that should an employment offer be extended to me and accepted that I will fully adhere to the policies, rules and regulations of employment of the Employer. However, I further understand that neither the policies, rules, regulations of employment nor anything said during the interview process shall be deemed to constitute the terms of an implied employment contract. I understand that any employment offered is for an indefinite duration and at will and that either the Employer or I may terminate my employment at any time with or without notice or cause.

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

## VOLUNTARY SELF-IDENTIFICATION

### (2007 EEO-1 changes, updated information needed for EEO-1 reporting purposes only)

The Equal Employment Opportunity Commission (EEOC) requires organizations with 100 or more employees to complete an EEO-1 report each year. The EEOC has recently announced several changes to the job categories and rearranged its race and ethnicity groupings. Therefore, we are asking employees to complete a new voluntary self-identification sheet below so that we can properly update our records according to these new report requirements.

Completion of this data is voluntary and will not affect your opportunity for employment or terms or conditions of employment. This form will be used for EEO-1 reporting purposes only and will be kept separate from all other personnel records only accessed by Human Resources Department. Please return completed forms to the Human Resources Department.

**Name:** \_\_\_\_\_

**Job Title:** \_\_\_\_\_

#### **GENDER:**

(Please check one of the options below)

\_\_\_\_\_ Male

\_\_\_\_\_ Female

#### **RACE/ETHNICITY:**

(Please check one of the descriptions below corresponding to the ethnic group with which you identify.)

\_\_\_ **Hispanic or Latino** – A person of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin regardless of race.

\_\_\_ **White (Not Hispanic or Latino)** – A person having origins in any of the original peoples of Europe, the Middle East or North Africa.

\_\_\_ **Black or African American (Not Hispanic or Latino)** – A person having origins in any of the black racial groups of Africa.

\_\_\_ **Native Hawaiian or Other Pacific Islander (Not Hispanic or Latino)** – A person having origins in any of the peoples of Hawaii, Guam, Samoa or other Pacific Islands.

\_\_\_ **Asian (Not Hispanic or Latino)** – 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 (Not Hispanic or Latino)** – 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.

**Date completed:** \_\_\_\_\_

PLEASE RETURN FORM TO HUMAN RESOURCES DEPARTMENT.

Thank you for your participation.