

SKYLINE METALS LLC.

3701 Duss Ave, Baden PA 15005

Tel: (724)242-5243

Application for Employment

We are an Equal Opportunity Employer and is committed to excellence through diversity.

The application must be fully completed to be considered. Please complete each section, even if you attach a resume.

Personal Information

Name

Address		City	State	Zip
Phone Number	Mobile Number	Email Address		
Are You A U.S. Citizen? Yes <input type="checkbox"/> No <input type="checkbox"/>		Have You Ever Been Convicted of a Felony? Yes <input type="checkbox"/> No <input type="checkbox"/>		
If Selected for Employment, Are You Willing To Submit to a Pre-Employment Drug Screening Test? Yes <input type="checkbox"/> No <input type="checkbox"/>				

Position

Position You Are Applying For	Available Start Date	Desired Pay
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Employment Desired

Full Time Part Time

Education

School Name	Location	Years Attended	Degree Received	Major

References

Name	Title	Company	Phone

Employment History

Employer (1)	Job Title		Dates Employed
Work Phone	Starting Pay Rate		Ending Pay Rate
Address	City	State	Zip
Employer (2)	Job Title		Dates Employed
Work Phone	Starting Pay Rate		Ending Pay Rate
Address	City	State	Zip
Employer (3)	Job Title		Dates Employed
Work Phone	Starting Pay Rate		Ending Pay Rate
Address	City	State	Zip
Employer (4)	Job Title		Dates Employed
Work Phone	Starting Pay Rate		Ending Pay Rate
Address	City	State	Zip

Employment Questionnaire

PLEASE ANSWER THE FOLLOWING QUESTIONS COMPLETELY.

1. DO YOU HAVE ANY PHYSICAL CONDITIONS THAT WOULD PREVENT YOU FROM PERFORMING THE JOB THAT YOU ARE APPLYING FOR? YES NO
IF YES, WHAT ARE YOUR LIMITS _____
2. HAVE YOU EVER BEEN INJURED ON THE JOBSITE? YES NO
IF YES, WHERE AND WHEN _____

3. HAVE YOU EVER BEEN SITED FOR A SAFETY VIOLATION? YES NO
IF YES, WHAT VIOLATION _____
4. ARE YOU SAFETY CONSCIOUS? YES NO
5. ARE YOU AFRAID OF HEIGHTS, LADDERS, SCAFFOLDING, ETC? YES NO
6. DO YOU UNDERSTAND THIS IS A DANGEROUS OCCUPATION? YES NO
7. DO YOU UNDERSTAND THAT IF YOU ARE ACCEPTED FOR THIS POSITION THAT THE USE OF ILLEGAL DRUGS OR ALCOHOL ABUSE WILL NOT BE TOLERATED? YES NO
8. DO YOU UNDERSTAND THAT ANY EMPLOYEE SUSPECTED OF DRUG OR ALCOHOL ABUSE WILL NOT BE ALLOWED ON THE JOBSITE? YES NO
9. DO YOU HAVE A VALID DRIVERS LICENSE? YES NO
10. DO YOU HAVE YOUR OWN TRANSPORTATION? YES NO
11. ARE YOU CPR CERTIFIED? YES NO
12. ARE YOU FIRST AID CERTIFIED? YES NO

Signature Disclaimer

The information that I have provided on this application is true and complete to the best of my knowledge. Any misrepresentations or omission of any fact in my application, resume, or any other materials, or during any interviews, can be justification for refusal of employment, or, if employed, cause for termination from SKYLINEMETALS LLC.

I understand that as a condition of employment, I am required to undergo and successfully pass a drug screening within the first 90 days of employment with SKYLINEMETALS LLC.

I authorize and request that all of my present and former employers and those individuals I have listed as personal references furnish information about my employment record, including a statement of the reason for termination of my employment, work performance, abilities, and other qualities pertinent to my qualifications for employment hereby releasing them and SKYLINEMETALS LLC. From any, and all, liability for damages arising from furnishing the requested information.

In consideration of my employment, I agree to comply with the policies, rules, regulations, and procedures of SKYLINEMETALS LLC. And understand that my employment and compensation may be terminated with or without cause or notice at any time, at the option of either SKYLINEMETALS LLC. or myself. I also understand and agree that the terms and conditions of my employment may be changed with or without cause, at any time by SKYLINEMETALS LLC. I further understand that no manager or representative of the company, other than the President / Vice President, has any authority to enter into any agreement with me for employment for any specified period of time or to make any agreement different from the foregoing. I also understand that any such agreement, if made, shall not be enforceable unless it is in writing and signed by the President / Vice President and Me.

I FULLY UNDERSTAND AND ACCEPT ALL TERMS AND CONDITIONS IN THE ABOVE STATEMENT.

Name (Please Print)

Signature

Date