



3701 Duss Ave, Baden PA 15005  
(724)242-5243

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

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

### Personal Information

Name		
Address	City	State & Zip
Phone 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"/>	
Do you have transportation? Yes <input type="checkbox"/> No <input type="checkbox"/>	If answered "Yes"- Explain:	
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
Employment Desired : Full Time <input type="checkbox"/> Part Time <input type="checkbox"/>		

### Education

School Name	Years Attended	Degree Received	Major

References			
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Name	Title	Company	Phone

Employment History		
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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

Why are you interested in this position?

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Why do you feel you would be an asset to this company?

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What are your strengths and weaknesses?

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What motivates you professionally?

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What are your salary expectations and career goals?

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## 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 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 SKYLINE METALS 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 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