

## **APPLICATION FOR EMPLOYMENT**

Sele	ect tl	he l	locati	ion
you	are a	app	lying	g to:

Supervisor

27 County Road 342 Iuka, MS 38852
110 Access Road Fulton, MS 38843

## An Equal Opportunity Employer M/F PLEASE PRINT (Applicants must be 18 years old) DATE: PERSONAL SOCIAL SECURITY #: NAME \_\_\_\_ FIRST LAST MIDDLE/MAIDEN ADDRESS \_\_\_\_\_ TELEPHONE #: \_\_\_\_\_ STREET, CITY, STATE, ZIP CODE POSITION/TYPE OF WORK DESIRED: DATE AVAILABLE: ARE YOU A U.S. CITIZEN? YES NO If not, do you have the right to work & remain in the U.S.? YES NO NOTE: ALL OFFERS OF EMPLOYMENT ARE CONDITIONAL UPON SATISFACTORY PROOF OF THE APPLICANT'S IDENTITY AND AUTHORIZATION TO WORK IN THE U.S. IF HIRED, YOUR CONTINUED EMPLOYMENT IS CONDITIONAL UPON YOUR MAINTAINING AUTHORIZATION TO WORK. FRIENDS/RELATIVES WORKING WITH THE COMPANY? YES NO (If yes, list name & relationship) 2<sup>ND</sup> SHIFT 3<sup>RD</sup> SHIFT ANY SHIFT WHAT SHIFT(S) CAN YOU WORK? 1<sup>ST</sup> SHIFT **EDUCATION** HIGH SCHOOL ATTENDED \_\_\_\_\_\_ H.S. DIPLOMA YES NO GED/OTHER YES NO COLLEGE/TECHNICAL SCHOOL \_\_\_\_\_ DEGREE OR DIPLOMA VES NO FIELD OF STUDY \_\_\_\_\_ OTHER TRAINING (Apprenticeship, trade, business, military, correspondence, etc. Include school & if graduated) **EMPLOYMENT** FORMER EMPLOYEE OF THIS COMPANY? YES NO IF YES, FROM TO DEPT. PAST EMPLOYMENT RECORD (Start with your most recent position) 1. Employer Dates Work Performed То From Address Hourly. Rate/Salary Telephone Starting Final Job Title Reason For Leaving Supervisor 2. Employer Dates Work Performed То From Address Hourly. Rate/Salary Telephone Starting Final Job Title Reason For Leaving



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3. Employer		Dates		Work Performed	
		From	То		
Address					
Telephone		Hourly. R	ate/Salary		
Telephone		Starting	Final		
Job Title				Reason For Leaving	
Supervisor		_			
MILITARY					
	FORCES OF TH	IS COUNTRY?	YES I	NO BRANCH	
RANK AT DISCHARGE:					
DUTIES WHILE ACTIVE:					
SKILLS					
PRODUCTION MACHINES		WELDING		CLERICAL	
PUNCH PRESS	SEMI-AUTO			TYPING WPM	
BRAKE	Steel			SHORTHAND	
PLATE ROLL	Aluminum			BOOKKEEPING	
$\square$ PLASMA $\square$	HELIARC				
Other Production Machines	METALARC			DATAPROCESSING	
	DUAL SH			OFFICE MACHINES	
		UEPRINTS		(Specify)	
		VN SETUPS			
	-	Other			
EQUIPMENT				Other	
OVERHEAD CRANE				Other	
FORKLIFT					
—					
Other				Language you speak or write:	
HAVE YOU EVER HAD ON-THE-JOB TRAIN	ING? □YES				
APPRENTICESHIP TRAINING? YES					
EXPERIENCE ADDITIONAL JOB INFORMATION/JOB SKI	IIS/DEDSONA	I STATEMENT			
ADDITIONAL JOB INFORMATION/JOB SKI	LLS/PERSONA	LSIAIEMENI			
PERSON TO NOTIFY IN CASE OF EMERGEN					
me: Address: Phone #:					
HAVE YOU EVER BEEN CONVICTED OF AN	YTHING OTHE	R THAN MINOR	TRAFFIC V	IOLATIONS? YES NO	
IF YES, PLEASE EXPLAIN:					
PSP INDUSTRIES IS AN EQUAL OPPORTUNITY EMP				y misrepresentation by me in the Application or any other	
IN COMPLIANCE WITH ALL THE PROVISIONS OF TH				cause for cancellation of the application and/or for <i>r</i> ice if I have been employed. I further understand and agree	
AMERICANS WITH DISABILITIES ACT (ADA) AND D DISCRIMINATE AGAINST ANY QUALIFIED INDIVID	UAL WITH A	the I do not have an e	mployment co	ontract, expressed or implied, and that my employment is	
DISABILITY WITH REGARD TO RECRUITMENT, HIF	ING, OR ANY			ay be ended by either party without prior notice. I hereby atever investigation it deems necessary to verify or check on	
OTHER TERMS, CONDITIONS AND PRIVILEGES OF EMPLOYMENT.		the information giver	above. I und	erstand that if I receive a job offer, continued employment is	
		conditioned upon my	successful pa	ssing of a medical examination. Please electronically sign	
application		your application and email completed form to HR at: <u>hr@pspindustries.com</u> SIGNATURE:			
		SIGINATURE.			

DATE: \_\_\_\_