



**YERECIC
LABEL**

701 Hunt Valley Road, New Kensington, PA 15068
Phone: 724-334-3300 Fax: 724-335-8872 Email: jobs@yereciclabel.com

Employment Application

An Equal Opportunity Employer

Please complete all blanks on the entire form.
Incomplete applications will not be considered as legitimate employment inquiries.

Applicant Information

Full Name: _____ Date: _____
Last First M.I.

Address: _____
Street Address Apartment/Unit #

City State ZIP Code

Phone: _____ Email: _____

Date Available: _____ Position Applied for: _____ Desired Salary: \$ _____

Can you work various shifts? Yes No Can you work overtime? Yes No Can you work weekends? Yes No

Are you eligible to work in the United States either by Citizenship or I.N.S authorization? Yes No

Referred by? Employee: _____ Newspaper: _____ Other: _____

Have you ever been convicted of a crime? Yes No

If Yes, explain nature and date: _____

Have you ever been discharged or forced to resign from any position? Yes No

If Yes, explain nature and date: _____

Education

High School: _____ Address: _____

Highest Grade completed: _____ Did you graduate? Yes No Diploma: _____

College: _____ Address: _____

Years attended: _____ Did you graduate? Yes No Degree: _____

Other: _____ Address: _____

Years attended: _____ Did you graduate? Yes No Degree: _____

Military Service

Branch: _____ From: _____ To: _____

Rank at discharge: _____ Member of reserves: Yes No

Special military training received: _____

References

Please list three professional references.

Full Name: _____ Relationship: _____

Company: _____ Phone: _____

Address: _____

Email Address: _____

Full Name: _____ Relationship: _____

Company: _____ Phone: _____

Address: _____

Email Address: _____

Full Name: _____ Relationship: _____

Company: _____ Phone: _____

Address: _____

Email Address: _____

Disclaimer and Signature

1. *I understand that this application and any attachments are the property of Yerecic Label Company (the Company).*
2. *I certify that the statements made by me on this application are true, complete and correct to the best of my knowledge and belief and are made in good faith.*
3. *I hereby grant the Company permission to verify such answers and I further understand that any false statement or omission on this application discovered at any time may be considered as sufficient cause for rejection of the application, cancellation of an offer of employment or termination of employment.*
4. *I authorize any of the persons or organizations referenced in this application to give the Company any and all information concerning my previous employment, education and or any other information they might have, personal or otherwise with regard to any of the subjects covered by this application and release all such parties from all liability for any damage that may result from furnishing such information to the Company.*
5. *Any offer of employment is conditional upon several criteria, including my satisfactorily passing a criminal background check, a physical and any associated laboratory test that may be required by the company.*
6. *Any offer of employment tendered me is based upon my agreement to abide by the rules and regulations of the Company and acknowledgement that such rules and regulations may be changed, interpreted, withdrawn or added at the sole discretion of the Company at any time without prior notice.*
7. ***I further acknowledge that my employment may be terminated, and any offer of employment, if such is made, may be withdrawn, with or without cause, and with or without prior notice, at any time, at the option of the Company or myself.***
8. *It is the policy of the Company to provide equal opportunity to all qualified employees and applicants for employment without regard to race, color, religion, sex, age, veteran status, national origin, disability, medical condition or ethnic group.*

Signature: _____ Date: _____

This application will remain active for a period of 30 days from the date of completion. Should you wish to reactivate or amend your application at the end of this 30 day period please notify this office in writing at that time.