



**LAUREL CUSTOM GRATING, LLC**

AN MLP COMPANY

**Laurel Custom Grating, LLC  
800 Brown Street  
Everson, PA 15631  
724-220-5178 (phone)  
724-887-9494 (fax)**

**EMPLOYMENT APPLICATION**

Laurel Custom Grating, LLC is an Equal Opportunity Employer. All qualified applicants will be considered without regard to race, color, religion, national origin, citizenship status, ancestry, sex, age, sexual orientation, marital status, disability, or military status.

All information requested on this application form is solicited for the purpose of determining abilities and skills required for proper job placement and to facilitate verification of the information requested.

INSTRUCTIONS:

This application must be completed in its entirety, even if you are submitting a resume. Please print in ink. Should you need assistance in completing this application form, or if you have questions, please notify the Human Resources Department at 724-887-8100, Ext. 214.

Date \_\_\_\_\_

Name \_\_\_\_\_

Present Address \_\_\_\_\_

Number and Street

\_\_\_\_\_  
City State Zip

Telephone Number (Home): \_\_\_\_\_

Telephone Number (Cell Phone): \_\_\_\_\_

Email Address: \_\_\_\_\_

How were you referred to Laurel Custom Grating, LLC?

- Company Website
- Job Board (Indeed, Monster, etc.)
- Friend
- Family Member
- Other  \_\_\_\_\_

Job(s) applied for:

1. \_\_\_\_\_

2. \_\_\_\_\_

Full-Time  Part-Time

Shift Preferred: 1<sup>st</sup> Shift  2<sup>nd</sup> Shift  3<sup>rd</sup> Shift

If necessary, would you be available to work ANY shift? Yes  No

Are you available to work overtime, if required? Yes  No

If they have been explained to you, are you able to meet the attendance requirements of the position? Yes  No

Are you available to travel, if required? Yes  No

Have you previously submitted an application at Laurel Custom Grating, LLC? Yes  No

If yes, please list date(s) and position(s): \_\_\_\_\_

Have you previously worked for Laurel Custom Grating, LLC? Yes  No

If yes, please list position(s) and dates worked: \_\_\_\_\_

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If hired, on what date would you be available to start work? \_\_\_\_\_

Are you legally eligible for employment in the United States? Yes  No   
(Proof of identity and eligibility will be required upon employment.)

Are you 18 years old or over? Yes  No   
(If no, you may be required to provide authorization to work.)

Have you ever been terminated from employment or asked to resign by an employer?

Yes  No

If yes, please provide company names and details.

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Have you entered into an agreement with any former employer or other party (such as a noncompetition agreement) that might, in any way, restrict your ability to work for Laurel Custom Grating, LLC?

Yes  No

If yes, please explain.

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Please list any friends or relatives that work for Laurel Custom Grating, LLC:

Name	Friend or Relative?

**MILITARY SERVICE RECORD**

Were you in the U.S. Armed Forces? Yes  No  If Yes, what branch? \_\_\_\_\_

Dates of Duty: From \_\_\_\_\_ to \_\_\_\_\_  
Month Day Year Month Day Year

Rank at Discharge: \_\_\_\_\_

List duties in the service including special training \_\_\_\_\_

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Are you presently in the Armed Forces Reserve? Yes  No

If Yes, what branch? \_\_\_\_\_

Have you ever been arrested and convicted of a felony or misdemeanor? Yes  No

Are you on probation? Yes  No

If yes to either, describe in full (including dates): \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Please Note: Arrests and convictions are not an automatic bar to employment.

**EDUCATION**

<b>Education</b>	<b>Name and Location of School</b>	<b>Number of Years Attended</b>	<b>Did you Graduate? (Yes or No)</b>	<b>If you Graduated, please state Degree or Certification Awarded.</b>
High School*				
College or University				
College or University				
Trade, Vocational, or Business School				
Please List other Training, Certificates, Degrees, or Professional Licenses/Certifications.				

\*If you are not a high school graduate, do you have an equivalency diploma? Yes \_\_\_\_\_ No \_\_\_\_\_

**SKILLS, KNOWLEDGE, AND ABILITIES**

Skill	Have Skill? Yes or No.	Skill	Have Skill? Yes or No.
Microsoft Word		General Mechanical Skills	
Microsoft Excel		Automotive Mechanical Skills	
Microsoft Access		Truck/Car Maintenance	
Microsoft Publisher		Electrical Skills	
Microsoft PowerPoint		Plumbing Skills	
Microsoft Outlook		HVAC Skills	
Internet/Email		Carpentry Skills	
Please List Other Computer Skills (Operating Systems, Programs, Social Media, etc.)		Masonry Skills	
		Mill Operation	
		Truck Driver – Heavy Duty	
		Truck Driver – Medium Duty	
		CDL (Please state class and if it is current).	
		Drafting	
		Blueprint Reading	
		Forklift Operation	
		Overhead Crane Operation	
		Hand Tools (Use of)	
		Saws/Drills (Use of)	
		Maintenance and Repair of Defective Parts and Motors in Equipment.	
Multi-Line Phone Systems		Parts Purchasing	
Typing (list words per minute)		Inspecting Equipment	
Bookkeeping		Repair of Hydraulic Machines	
Calculator		Ability to read and use measuring tools	
Office Equipment (Fax, Copier, etc.)		Heavy Lifting	
Customer Service		Standing for Long Periods of Time	
Custodial Skills (Clean Floors/Bathrooms, Trash Removal, Painting, Vacuuming, etc.)		Welding	
Grass Cutting		Cleaning/Lubricating Equipment	
Shoveling Snow		Basic Math Skills (Adding, Subtracting, Dividing, Multiplying).	
Please list any other skills/experience that are relevant to the position in which you are applying:			

**EMPLOYMENT HISTORY**

List all employment for the past ten years, beginning with current or most recent position.

Employer: \_\_\_\_\_

Address: \_\_\_\_\_

Phone Number: \_\_\_\_\_

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

Dates Employed: From: \_\_\_\_\_ To: \_\_\_\_\_

Detailed Description of Duties: \_\_\_\_\_

\_\_\_\_\_

Supervisor's Name \_\_\_\_\_ Supervisor's Phone No. \_\_\_\_\_

Reason for Leaving \_\_\_\_\_

Hourly Rate/Salary: Starting \_\_\_\_\_ Ending \_\_\_\_\_

Will this supervisor/employer give a good job reference? Yes  No

If no, explain \_\_\_\_\_

Were you:

Terminated or asked to resign by this employer? Yes  No

Ever disciplined (given a written warning, suspended, denied a pay increase, etc.) by this employer? Yes  No

If yes to any of the above, please explain: \_\_\_\_\_

Employer: \_\_\_\_\_

Address: \_\_\_\_\_

Phone Number: \_\_\_\_\_

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

Dates Employed: From: \_\_\_\_\_ To: \_\_\_\_\_

Detailed Description of Duties: \_\_\_\_\_

\_\_\_\_\_

Supervisor's Name \_\_\_\_\_ Supervisor's Phone No. \_\_\_\_\_

Reason for Leaving \_\_\_\_\_

Hourly Rate/Salary: Starting \_\_\_\_\_ Ending \_\_\_\_\_

Will this supervisor/employer give a good job reference? Yes  No

If no, explain \_\_\_\_\_

Were you:

Terminated or asked to resign by this employer? Yes  No

Ever disciplined (given a written warning, suspended, denied a pay increase, etc.) by this employer? Yes  No

If yes to any of the above, please explain: \_\_\_\_\_

Employer: \_\_\_\_\_

Address: \_\_\_\_\_

Phone Number: \_\_\_\_\_

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

Dates Employed: From: \_\_\_\_\_ To: \_\_\_\_\_

Detailed Description of Duties: \_\_\_\_\_

Supervisor's Name \_\_\_\_\_ Supervisor's Phone No. \_\_\_\_\_

Reason for Leaving \_\_\_\_\_

Hourly Rate/Salary: Starting \_\_\_\_\_ Ending \_\_\_\_\_

Will this supervisor/employer give a good job reference? Yes  No

If no, explain \_\_\_\_\_

Were you:

Terminated or asked to resign by this employer? Yes  No

Ever disciplined (given a written warning, suspended, denied a pay increase, etc.) by this employer? Yes  No

If yes to any of the above, please explain: \_\_\_\_\_

Employer: \_\_\_\_\_

Address: \_\_\_\_\_

Phone Number: \_\_\_\_\_

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

Dates Employed: From: \_\_\_\_\_ To: \_\_\_\_\_

Detailed Description of Duties: \_\_\_\_\_

\_\_\_\_\_

Supervisor's Name \_\_\_\_\_ Supervisor's Phone No. \_\_\_\_\_

Reason for Leaving \_\_\_\_\_

Hourly Rate/Salary: Starting \_\_\_\_\_ Ending \_\_\_\_\_

Will this supervisor/employer give a good job reference? Yes  No

If no, explain \_\_\_\_\_

Were you:

Terminated or asked to resign by this employer? Yes  No

Ever disciplined (given a written warning, suspended, denied a pay increase, etc.) by this employer? Yes  No

If yes to any of the above, please explain: \_\_\_\_\_



**CHARACTER REFERENCES**

Do not refer to casual acquaintances, previous employers, or relatives. Refer to three people whom you know well either personally or in business that Laurel Custom Grating, LLC may contact.

<b>Name</b>	<b>Address</b>	<b>Phone Number</b>	<b>Number of Years Known</b>

Laurel Custom Grating, LLC is an equal opportunity employer. Laurel Custom Grating, LLC does not discriminate in employment with respect to race, color, religion, national origin, citizenship status, ancestry, sex, age, sexual orientation, marital status, disability, or military status.

It is understood and agreed that any misrepresentation by me in this application will be sufficient cause for cancellation of this application and/or separation from Laurel Custom Grating, LLC's service if I have been employed. Furthermore, I understand that just as I am free to resign at any time, Laurel Custom Grating, LLC reserves the right to terminate my employment at any time, with or without cause and without prior notice. I understand that no representative of Laurel Custom Grating, LLC has the authority to make any assurances to the contrary.

I authorize Laurel Custom Grating, LLC to investigate all references and to secure additional information about me, if job related. I hereby release from liability Laurel Custom Grating, LLC and its representatives for seeking such information and all other persons, corporations or organizations for furnishing such information. In addition, if employment is offered, it will be subject to the terms of Laurel Custom Grating, LLC's policies and procedures.

I attest with my signature below that I have given Laurel Custom Grating, LLC true and complete information on this application. No requested information has been concealed. If any information I have provided is untrue, or if I have concealed material information, I understand that this will constitute cause for the denial of employment or immediate dismissal.

I hereby acknowledge that I have read this section of the employment application and fully understand the meaning and effect of signing this form.

Signature of Applicant: \_\_\_\_\_

Printed Name of Applicant: \_\_\_\_\_

Date Application Submitted: \_\_\_\_\_

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