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SinTergy Use Only, Please			*Full-time	*Part-time
Position	Shift	Preferred	Schedule	Preferred
Production	1st	<input type="checkbox"/>	(A) Su - Th	<input type="checkbox"/>
Assembler	2nd	<input type="checkbox"/>	(B) Mo - Fr	<input type="checkbox"/>
Specify Other:	3rd	<input type="checkbox"/>	(C) Tu - Sa	<input type="checkbox"/>
<input type="checkbox"/>	Any	<input type="checkbox"/>	Any	<input type="checkbox"/>

ONLINE EMPLOYMENT APPLICATION

We are an Equal Opportunity Employer. All applicants are considered without regard to race, religion, disability, gender, national origin, age, or any other basis protected by federal, state, or local law. This employment application is only active for 90 days. Pre-employment Screening is require and a Background Check is possible.

PLEASE PRINT CLEARLY

Personal Data:

Date: _____

First Name: _____ Middle: _____ Last: _____

Street Address: _____

City/State/Zip: _____ Home Phone #: _____

E-mail Address: _____ Cell Phone #: _____

How did you find out about this job? Newspaper Referral Other

If hired, do you have a reliable means of transportation to get to work? Yes No Desired Starting Rate \$ _____ / Hour

Are you at least 18 years old? Yes No (You will need two current forms of I.D. or a current Passport for you to be hired.)

Are you legally eligible for employment in the U.S.? Yes No (Proof of U.S. citizenship or immigration status will be required if hired.)

Have you been convicted of a crime? Yes No If yes, state the nature of the offense and disposition of the case. Include dates and places. (NOTE: The existence of a criminal record does not constitute an automatic bar to employment.) _____

Employment Data:

Are you seeking: Temporary Full-time Part-time What position(s) are you applying for? _____

What hours and shift(s) would you prefer to work? _____

What hours and shift(s) would you prefer not to work? _____

Please indicate any shift(s) you would not be available to work: _____

Are you willing to work overtime? Yes No Weekends? Yes No Holidays? Yes No

Are you currently employed? Yes No If hired, when would you be able to start? _____

List any friends or relatives employed by this company: _____

Are you on layoff and subject to recall? Yes No

Have you ever been discharged or asked to resign from any position? Yes No If yes, please describe: _____

How many days have you missed from school or work within the last year other than approved vacation, sick, or disability leave? _____

How many days have you been late to school or work within the last year other than approved vacation, sick, or disability leave? _____

Please describe: _____

Check all task you are able to perform with or without reasonable training or accommodation:

<input type="checkbox"/> Lift 50 lbs up to 10 times per shift	<input type="checkbox"/> Read Micrometer settings	<input type="checkbox"/> Towmotor / Forklift Operations
<input type="checkbox"/> Stand for 3 to 4 hours at a time	<input type="checkbox"/> Document Micrometer readings	<input type="checkbox"/> Communicate in written and verbal form
		<input type="checkbox"/> Understand written and verbal Direction

Please describe which tasks, if any, you will need an accommodation to perform, and explain: _____

Education: () [c highest level attained.]

Secondary: 9 10 11 12 G.E.D. Trade / Specialty: 1 2 3 4 College: 1 2 3 4

Name of School: _____ Name of School: _____ Name of School: _____

Location of School: _____ Location of School: _____ Location of School: _____

Are you currently in high school? Yes No Area of Training: _____ Degree: _____

Certificates: _____ Minor: _____

(Please complete other side)

Work History: (Please list your last three employers. Begin with the most recent.)

1. Company: _____ Phone No. with Area Code: _____
Address: _____ City/State/Zip: _____
Dates of Employment: From: _____ To: _____ Salary: Beginning: _____ Ending: _____
Job Title: _____ Supervisor's Name & Title: _____
Describe duties briefly: _____
Specific reason for leaving: _____

2. Company: _____ Phone No. with Area Code: _____
Address: _____ City/State/Zip: _____
Dates of Employment: From: _____ To: _____ Salary: Beginning: _____ Ending: _____
Job Title: _____ Supervisor's Name & Title: _____
Describe duties briefly: _____
Specific reason for leaving: _____

3. Company: _____ Phone No. with Area Code: _____
Address: _____ City/State/Zip: _____
Dates of Employment: From: _____ To: _____ Salary: Beginning: _____ Ending: _____
Job Title: _____ Supervisor's Name & Title: _____
Describe duties briefly: _____
Specific reason for leaving: _____

May we contact all of the employers listed above? Yes No If not, tell us which one(s) you do not wish us to contact and why:

Why are you seeking a new position at this time? _____

List any outside interests and organizations you are active in: _____

References: (Your Application will not be processed without contact information.)

Name: _____ Address: _____ Ph #: _____
Business: _____ Position: _____ Years Known: _____

Name: _____ Address: _____ Ph #: _____
Business: _____ Position: _____ Years Known: _____

Name: _____ Address: _____ Ph #: _____
Business: _____ Position: _____ Years Known: _____

PLEASE READ THE FOLLOWING CAREFULLY, THEN SIGN AND DATE THE APPLICATION.

I authorize Sintergy Inc. to make an investigation of all information contained in this employment application and I release from liability all companies and corporations supplying such information. I understand any false answers, statements, or implications made by me on this application or other required documents shall be considered sufficient cause for denial of employment or discharge. I specifically authorize and direct my current and former employers to supply employment-related information to this company and do hereby release my current and former employers from liability for providing information to this company. Upon termination of my employment for whatever reason, I release this company from all liability for supplying any information concerning my employment to any potential employer. As required by law, upon request within a reasonable period of time, I will be notified as to the nature and scope of such investigations. I hereby agree to submit to any drug test required, whether prior to my employment or if employed by this company at any time thereafter. If requested, I will take a post-job offer physical examination and my employment, in the event I receive medical treatment for any condition, including a physical, psychological, emotional, or psychiatric condition that is job-related, I hereby authorize the limited release and exchange of such medical information relating to my condition between the treatment provider and a company-designated physician. I further understand this is an application for employment and no employment contract is being offered. I understand that if I am employed, such employment is for an indefinite period of time and the company may change wages, benefits, and conditions at any time. My employment is at will. No individual with the company is authorized to change the employment-at-will status except an officer of the company, who may do so only in writing. I have read and agree to the above.

Applicant's Signature: _____ Date: _____

Thank you, please sign and date.