



Consolidated Scrap Resources, Inc.

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120 Hokes Mill Road
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York, PA 17404
 Ph: (717) 843-0931
 Fax: (717) 854-4008

600 E. Princess St
York, PA 17403
 Ph: (717) 843-0931
 Fax: (717) 843-5270

530 Vander Avenue
York, PA 17403
 Ph: (717) 843-0931
 Fax: (717) 812-1024

2230 York Road
 PO Box 389
Gettysburg, PA 17325
 Ph: (717) 334-3009
 Fax: (717) 334-5923

APPLICATION FOR EMPLOYMENT

Prospective employees will receive consideration without discrimination because of race, creed, color, sex, age, national origin, handicap or veteran status.

PERSONAL

Last Name	First	Middle	Date
Street Address			Home Telephone ()
City, State, Zip			Business Telephone ()
Have you ever been convicted of a felony or misdemeanor? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please explain:			Social Security #
Position Desired			Pay Expected
Apart from absence for religious observance, are you available for full-time work? <input type="checkbox"/> Yes <input type="checkbox"/> No If not, what hours can you work?			Will you work overtime if asked? <input type="checkbox"/> Yes <input type="checkbox"/> No
Are you legally eligible for employment in the United States?			When will you be available to begin work?
Other special training or skills (languages, machine operation, computer software, etc.)			

EDUCATION

School	Name and Location of School	Course of Study	No. of Years Completed	Did You Graduate?	Degree or Diploma
High School				<input type="checkbox"/> Yes <input type="checkbox"/> No	
College				<input type="checkbox"/> Yes <input type="checkbox"/> No	
Business/Trade/ Technical				<input type="checkbox"/> Yes <input type="checkbox"/> No	

Who informed you of this job opening? _____

List any friends or relatives who work for us: _____



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PLEASE READ BEFORE SIGNING

IF YOU HAVE ANY QUESTIONS REGARDING THIS STATEMENT, PLEASE ASK BEFORE SIGNING

This certifies that I completed this application, and that all entries on it and information in it are true and complete to the best of my knowledge. I authorize investigation of all statements contained in this application and release any and all persons, companies or agencies responding to such investigations from any liability for releasing information. I understand that Consolidated Scrap Resources, Inc. (“the Company”) may request information on my driving record from state and DOT agencies and I hereby authorize such investigations. I also understand that misrepresentation or omission of facts called for in this application is cause for rejection of this application and/or subsequent dismissal from employment.

I further understand and agree that I may be required to take a post-offer pre-employment physical or mental examination. I understand that I may be required to submit to substance abuse tests as a condition of hiring or continued employment. I hereby agree to take such tests at such time and place designated by the Company and release the Company, its officers, directors, agents or employees from any and all claims arising from connection with the conduct of said tests or the use of the information obtained there from.

I understand and agree that this waiver form remains valid during my tenure as an employee and may be used at any time by the Company for the purpose of obtaining updated information. A copy of this form will be as valid as the original.

I further understand that this application does not constitute a contract for or an offer of employment but is merely one step in the employment process. I hereby acknowledge that I have read the above statements and understand them completely.

Date

Signature of Applicant