

PRIME METALS ACQUISITION LLC

We consider applicants for all positions without regard to race, color, creed, religion, national origin or ancestry, sex, age (40 or over), Disability, genetic information, veteran status, or any other legally protected status under local, state, or federal law. We will give this application every consideration. However, in accepting it, PMAI makes no commitment of employment to the applicant. This application will remain active for one year (365 days).

APPLICANT INFORMATION FOR EMPLOYMENT			
Last Name:	First:	M.I.:	Application Date :
Street Address:		Apartment/Unit #	
City:	State:	ZIP:	
Phone: ()	E-mail Address:		
Date Available:	List the best number to reach you:	List the best time to reach you:	
Desired position: Will you work: <input type="checkbox"/> Weekends <input type="checkbox"/> Evenings <input type="checkbox"/> Days <input type="checkbox"/> Nights <input type="checkbox"/> Overtime when necessary			
Are you at least 18 years of age?		YES <input type="checkbox"/> NO <input type="checkbox"/>	Are you authorized to work in the U.S.?
Do you have a valid driver's license?		YES <input type="checkbox"/> NO <input type="checkbox"/>	Desired Salary/Wage:

EDUCATION		
High School	Did you graduate? YES <input type="checkbox"/> NO <input type="checkbox"/>	
Course of study		
College	Did you graduate? YES <input type="checkbox"/> NO <input type="checkbox"/>	
Course of study		
Trade/Other	Did you graduate? YES <input type="checkbox"/> NO <input type="checkbox"/>	
Course of study		

REFERENCES	
<i>Please list three professional references.</i>	
Full Name	Relationship
Company	Phone ()
Address	
Full Name	Relationship
Company	Phone ()
Address	
Full Name	Relationship
Company	Phone ()
Address	

PREVIOUS EMPLOYMENT			
Company		Phone ()	
Address		Supervisor	
Job Title			
Responsibilities			
Reason for Leaving:			
May we contact your previous supervisor for a reference? YES <input type="checkbox"/> NO <input type="checkbox"/>			
Company		Phone ()	
Address		Supervisor	
Job Title			
Responsibilities			
Reason for Leaving:			
May we contact your previous supervisor for a reference? YES <input type="checkbox"/> NO <input type="checkbox"/>			
Company		Phone ()	
Address		Supervisor	
Job Title			
Responsibilities			
Reason for Leaving:			
May we contact your previous supervisor for a reference? YES <input type="checkbox"/> NO <input type="checkbox"/>			

SPECIALIZED SKILLS/OTHER QUALIFICATIONS/ADDITIONAL INFORMATION	
List here:	

****You may exclude memberships that would reveal race, color, creed, religion, national origin or ancestry, sex, age (40 or over), disability, genetic information, veteran status, or any other legally protected status under local, state or federal law.***

APPLICANT'S STATEMENT	
I certify that my answers are true and complete to the best of my knowledge.	
In the event of employment, I understand that false or misleading information given in my application or interview(s) may result in discharge or a refusal to hire. I understand, also, that I am required to abide by all rules and regulations of the employer.	
I hereby understand and acknowledge that, if hired, my employment relationship with PMA LLC would be of an "at-will" nature, which means that the employee may resign at any time and the employer may discharge employee at any time and for any or no reason. It is further understood that this "at-will" employment relationship may not be changed by any written document or by conduct unless such change is specifically acknowledged in writing by an authorized executive PMA LLC.	
I agree, if given a conditional job offer, to submit to a pre-employment medical examination and drug testing, and understand that I must meet the qualifications (physical and mental) for the position, with or without reasonable accommodation in order to begin employment.	
Signature of applicant:	Date: