

COLONIAL METALS COMPANY

217 Linden Street P.O. Box 311
 Columbia, Pennsylvania 17512
 PHONE (717) 684-2311 FAX (717) 684-0733

APPLICATION FOR EMPLOYMENT

PLEASE PRINT - APPLICATION STAYS ON FILE FOR 60 DAYS AND MUST BE COMPLETE TO BE VALID

PERSONAL

Last Name		First	Middle	Date
Street Address				Home Telephone ()
City, State, Zip				Alternate Telephone ()
Have you ever been convicted of a felony? If yes, please explain			<input type="checkbox"/> Yes <input type="checkbox"/> No	Social Security #
Position Desired (must choose an open position)				Pay Expected
What shift do you prefer?				Will you work overtime if needed? <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?
Have you ever been employed at Colonial?				

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	

How were you referred to Colonial? _____

List any relatives who work for us _____

AFFIRMATIVE ACTION RECRUITMENT RECORD

Colonial Metals Co. is attempting to monitor recruitment and selection programs in order to assure equal employment opportunity under our Affirmative Action Plan. We would appreciate your cooperation by voluntarily completing the information requested below.

This information is for statistical use and will be kept separate from the application form and will be used only for affirmative action purposes.

Check the one racial/ethnic group which you consider yourself:

_____ Black

_____ Asian or Pacific Islander

_____ American Indian or Alaskan Native

_____ Hispanic (of any Spanish origin)

_____ White

Check all that apply to you:

_____ Male _____ Female

_____ Person with disability

_____ Veteran

I have voluntarily participated _____

I do not wish to complete this information _____

Print Name _____

Signature _____

Date _____