

Notice to all Applicants

Swank Associated Companies, Inc. Is a Drug Free Company

Pre-Employment Drug and Alcohol Testing May Be
Required as a Condition of Employment.

Reasonable Cause **Will** Mandate a Drug
and Alcohol Test.

Post Accident Drug and Alcohol Testing **Will** Occur
Immediately Following a Reportable Accident.

Random Jobsite Drug Testing **Will** Occur.

A Positive Test May Result in Termination as per
Swank Associated Companies, Inc.
Current Drug Policy.

If Drug and Alcohol Use is Found to be a Factor in
an Accident, Swank Reserves the Right to Prosecute
to the Fullest Extent of the Law.

Name _____

Signature _____

Date _____



Swank Associated Companies, Inc.
 200 Hunt Valley Road
 New Kensington, PA 15068
 (724) 335-6000 Fax (724) 335-3834

Applicant EEO or Affirmative Action Information

It is the policy of this organization to provide equal employment opportunity to all qualified applicants for employment without regard to race, color, religion, national origin, sex, age, veteran status or disability. Various agencies of the government require employers to invite applicants to identify themselves as indicated below.

COMPLETION OF THIS FORM IS VOLUNTARY AND IN NO WAY AFFECTS THE DECISION REGARDING YOUR APPLICATION FOR EMPLOYMENT. THIS FORM IS CONFIDENTIAL AND WILL BE MAINTAINED SEPARATELY FROM YOUR APPLICATION FORM.

As an affirmative action contractor and in compliance with government regulations we are required to record the number of applicants so please help us by completing the following questions :

| | |
|---|---------------------------------|
| PLEASE PRINT | |
| Name: _____ | Date: ____/____/____ |
| Last First Middle | |
| Position Applied for: (list only one) _____ | |
| What is your race/ethnic origin? | What is your sex? |
| <input type="checkbox"/> White | <input type="checkbox"/> Male |
| <input type="checkbox"/> Hispanic | <input type="checkbox"/> Female |
| <input type="checkbox"/> American Indian/Alaskan Native | |
| <input type="checkbox"/> Black | |
| <input type="checkbox"/> Asian/Pacific Islander | |
| Are you a Vietnam Era Veteran? <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| A person who served on active duty for a period of more than 180 days any part of which occurred between 8/5/64 and 5/7/75, and was discharged or released therefrom with other than a dishonorable discharge or for a service connected disability. | |
| Are you a disabled veteran? <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| A person entitled to disability compensation under laws administered by the Veterans Administration for disability rated at 30% or more, or a person whose discharge or release from active duty was for a disability incurred or aggravated in the line of duty. | |
| Do you have a mental or physical disability? <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| A person who has a mental or physical impairment that substantially limits one or more major life activities, who has a record of such impairment, or who is regarded as having such an impairment. | |



Swank Associated Companies, Inc.
200 Hunt Valley Road, New Kensington, PA 15068

EMPLOYMENT APPLICATION

We are an Equal Opportunity Employer. We comply with all applicable Federal, State, and local laws concerning discrimination in employment. No question in this application is intended to elicit information in violation of any such law nor will any information obtained in response to any question be used in violation of any such law.

DATE ___ / ___ / ___

| | | | |
|--|--|-----------------------------|---|
| LAST NAME | | FIRST NAME & MIDDLE INITIAL | |
| ADDRESS | | SOCIAL SECURITY NUMBER | |
| CITY, STATE, ZIP | | DRIVERS LICENSE NO. | STATE OF ISSUE |
| PHONE NUMBER | | DATE AVAILABLE FOR WORK | FULL TIME <input type="checkbox"/> PART TIME <input type="checkbox"/> |
| WERE YOU PREVIOUSLY EMPLOYED BY US? YES <input type="checkbox"/> NO <input type="checkbox"/> | | POSITION APPLIED FOR | |

| | | |
|--|------|--------------|
| List any relatives or friends working for this organization: | NAME | RELATIONSHIP |
| | | |
| | | |

WORK EXPERIENCE - LIST PRESENT AND FORMER EMPLOYERS BEGINNING WITH MOST RECENT

| | | | |
|--|---|-------------------------------|--------------------|
| FROM ___/___/___ TO ___/___/___ | MAY WE CONTACT? YES <input type="checkbox"/> NO <input type="checkbox"/> | COMPANY NAME & ADDRESS | TELEPHONE |
| POSITION HELD | | DESCRIBE YOUR DUTIES | |
| SUPERVISOR NAME | | LAST WAGES _____ PER _____ | REASON FOR LEAVING |
| FROM ___/___/___ TO ___/___/___ | MAY WE CONTACT? YES <input type="checkbox"/> NO <input type="checkbox"/> | COMPANY NAME & ADDRESS | TELEPHONE |
| POSITION HELD | | DESCRIBE YOUR DUTIES | |
| SUPERVISOR NAME | | LAST WAGES _____ PER _____ | REASON FOR LEAVING |
| FROM ___/___/___ TO ___/___/___ | MAY WE CONTACT? YES <input type="checkbox"/> NO <input type="checkbox"/> | COMPANY NAME & ADDRESS | TELEPHONE |
| POSITION HELD | | DESCRIBE YOUR DUTIES | |
| SUPERVISOR NAME | | LAST WAGES _____ PER _____ | REASON FOR LEAVING |
| FROM ___/___/___ TO ___/___/___ | MAY WE CONTACT? YES <input type="checkbox"/> NO <input type="checkbox"/> | COMPANY NAME & ADDRESS | TELEPHONE |
| POSITION HELD | | DESCRIBE YOUR DUTIES | |
| SUPERVISOR NAME | | LAST WAGES _____ PER _____ | REASON FOR LEAVING |
| HAVE YOU SERVED AS AN APPRENTICE? YES <input type="checkbox"/> NO <input type="checkbox"/> | | DESCRIBE | |
| TRADE | | DATES | |

CONTINUED ON OTHER SIDE

We are an Equal Opportunity Employer

Revised 6-22-05

SPECIAL SKILLS AND QUALIFICATIONS-MECHANICAL AND/OR TECHNICAL EXPERIENCE AND ABILITIES RELEVANT TO THE POSITION FOR WHICH YOU HAVE APPLIED

EDUCATION

| HIGH SCHOOL | ADDRESS | YEARS COMPLETED | DID YOU GRADUATE | COURSE OF STUDY |
|-------------|---------|-----------------|------------------|-----------------|
| | | | | |
| COLLEGE | ADDRESS | YEARS COMPLETED | DID YOU GRADUATE | COURSE OF STUDY |
| | | | | |
| OTHER | ADDRESS | YEARS COMPLETED | DID YOU GRADUATE | COURSE OF STUDY |
| | | | | |

REFERENCES - do not list friends or relatives

| NAME & ADDRESS | YEARS KNOWN | TELEPHONE # |
|----------------|-------------|-------------|
| | | |
| | | |

MISCELLANEOUS INFORMATION

Have you been convicted of a crime in the past 7 years, excluding misdemeanors and summary offenses, which has not been annulled, expunged, or sealed by a court? (A conviction record will not necessarily be a bar to employment.) Yes No

If "Yes" please explain and describe in full detail: _____

Can you verify your legal rights to work in the U.S. by providing a birth certificate or proof of U.S. Citizenship?

Yes No

If you are under 18, are you able to furnish a work permit? Yes No

Are you able to perform the job(s) for which you are applying? Yes No

Are you willing to travel? Yes No

APPLICANT'S CERTIFICATION - Please read carefully before signing

I certify that the answers given by me to the foregoing questions and the statements made by me in this application are correct and complete. I understand that, if I become employed, a misrepresentation or omission of fact in this application may result in my discharge from employment. I authorize the Company, as part of its evaluation of my suitability for employment, to contact all school officials, references and my previous supervisors to secure information concerning my skills, character and ability. I further acknowledge and agree that no manager or representative of the Company has any authority to enter into any employment agreement. I understand and agree that, if I am employed, I will be an at-will employee and the Company may terminate my employment at any time and for any or no reason without prior notice.

NOTICE TO ALL APPLICANTS: Swank Associated Companies, Inc. is a DRUG FREE COMPANY. Pre-Employment Drug and Alcohol Testing **WILL** be required as a Condition of Employment. Reasonable cause **WILL** mandate a drug and alcohol test. Post accident drug and alcohol testing **WILL** occur immediately following a reportable accident. A positive test **WILL** result in TERMINATION as per Swank Associated Companies, Inc. Drug Policy Dated February, 2001. If drug and/or alcohol use is found to be a factor in an accident, the Company reserves the right to prosecute to the fullest extent of the law.

FAIR CREDIT REPORTING ACT DISCLOSURE STATEMENT: In accordance with the provisions of Section 604(b)(2)(A) of the Fair Credit Reporting Act, Public Law 91-508, as amended by the Consumer Credit Reporting Act of 1996 (Title II, Subtitle D, Chapter I, of Public Law 104-208), you are informed that reports verifying your previous employment, previous drug and alcohol test results, and your driving record may be obtained for employment purposes. These reports are required by Sections 382.413, and 391.25 of the Federal Motor Carrier Safety Regulations.

APPLICANT'S SIGNATURE

DATE