



# ATI Application for Employment

6747 Whitestone Road • Baltimore, Maryland 21207  
(410) 298-4343 • FAX: (410) 298-8344 • www.atiracing.com

Applicants are considered for all positions without regard to race, color, religion, sex, national origin, age, marital status or the presence of a non-job related medical condition or handicap.

**PLEASE PRINT**

Date of Application: \_\_\_\_\_

Position(s) applied for: \_\_\_\_\_

Referral source:  Advertisement  Friend  Relative  Walk-in  Employment Agency  Other: \_\_\_\_\_

Name: \_\_\_\_\_

Last First Middle

Have you ever used another name in the past 10 years? YES. NO. If yes, give the name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ Phone: (\_\_\_\_) \_\_\_\_\_

Cell Phone #: \_\_\_\_\_ Email address: \_\_\_\_\_

Prior Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ Phone: (\_\_\_\_) \_\_\_\_\_

Social Security #: \_\_\_\_\_ MD Driver's License #: \_\_\_\_\_

If employed and under 18, can you furnish a work permit? YES. NO. Salary requirements: \_\_\_\_\_

Have you ever filed an application here before? YES. NO. If yes, give the date. \_\_\_\_\_

Have you ever been employed here before? YES. NO. If yes, give the date. \_\_\_\_\_

Are you employed now? YES. NO. May we contact your present employer? YES. NO.

Are you prevented from lawfully becoming employed in this country because of Visa or Immigration Status? YES. NO.

Proof of citizenship or immigration status is required by Federal Law. Print your form of proof. \_\_\_\_\_

On what date would you be available for work? \_\_\_\_\_

Are you on a layoff and subject to recall? YES. NO.

Have you been convicted of a crime in MD or any other state? YES. NO. If yes, explain. \_\_\_\_\_

Have you been convicted for use or possession of drugs, unlawful controlled substances or alcohol? YES. NO.

If yes, explain. \_\_\_\_\_

**EDUCATION** (Circle the number of years completed).

High School: 9 10 11 12 Name of School: \_\_\_\_\_

GED: Year \_\_\_\_\_ Name of Program: \_\_\_\_\_

College or University: 1 2 3 4 Name of School: \_\_\_\_\_

Diploma or Degree: \_\_\_\_\_ Describe course of study: \_\_\_\_\_

**EMPLOYMENT EXPERIENCE** (Start with your present or last job, listing full address and phone numbers of employers. Exclude organization names which indicate race, color, religion, sex, or national origin.)

Employer: \_\_\_\_\_ Phone: \_\_\_\_\_

Dates employed: (from) \_\_\_\_\_ (to) \_\_\_\_\_ Job Title: \_\_\_\_\_

Address: \_\_\_\_\_

Work Performed: \_\_\_\_\_ Salary: \_\_\_\_\_

Supervisor: \_\_\_\_\_

Reason for Leaving: \_\_\_\_\_

Employer: \_\_\_\_\_ Phone: \_\_\_\_\_

Dates employed: (from) \_\_\_\_\_ (to) \_\_\_\_\_ Job Title: \_\_\_\_\_

Address: \_\_\_\_\_

Work Performed: \_\_\_\_\_ Salary: \_\_\_\_\_

Supervisor: \_\_\_\_\_

Reason for Leaving: \_\_\_\_\_

Employer: \_\_\_\_\_ Phone: \_\_\_\_\_

Dates employed: (from) \_\_\_\_\_ (to) \_\_\_\_\_ Job Title: \_\_\_\_\_

Address: \_\_\_\_\_

Work Performed: \_\_\_\_\_ Salary: \_\_\_\_\_

Supervisor: \_\_\_\_\_

Reason for Leaving: \_\_\_\_\_

**MACHINE SHOP ONLY! SPECIAL SKILLS** (List manufacturer and model of machine shop equipment.)

MACHINERY MFG/MODEL	SETUP	OPERATE	HOW LONG?

**LIE DETECTOR TESTS**

"Under Maryland Law, an employer may not require or demand any applicant for employment or prospective employment to submit to or take a polygraph, lie detector or similar test or examination as a condition of employment or continued employment. Any employer who violates this provision is guilty of a misdemeanor and is subject to a fine not to exceed \$100.00."

Date: \_\_\_\_\_ Applicant's Signature: \_\_\_\_\_

Please Print Name: \_\_\_\_\_

**APPLICANT'S STATEMENT**

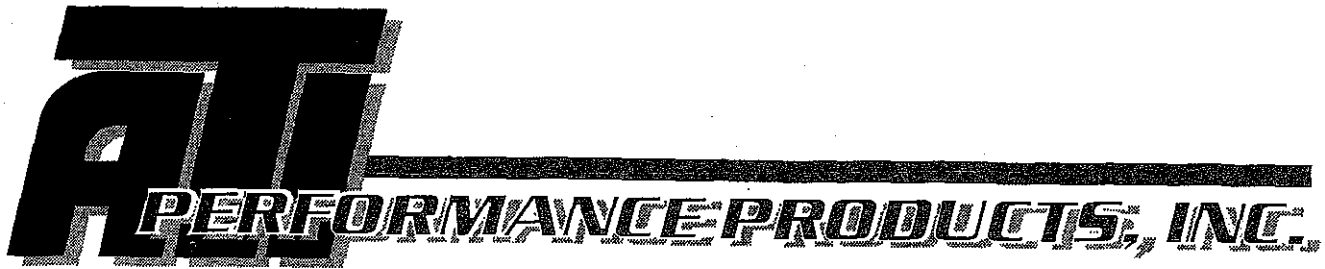
I certify that answers given herein are true and complete to the best of my knowledge. I authorize investigation in all areas as may be necessary in arriving at an employment decision at the discretion of ATI. Further, a criminal check may be done. I understand that I will be asked to take a drug test. I understand that this application is not, and is not intended to be, a contract of employment. In the event of employment, I understand that false or misleading information given in my application or interview(s) may result in discharge. I understand, also, that I am required to abide by all rules and regulations of the Company. I understand that, as condition of employment, I will be asked to sign a Non-Compete Contract and that refusal to sign means that I will not accept employment with ATI. **Further, my first two (2) weeks at ATI will be on a trial basis subject to review at the end of that time.**

Signature of Applicant: \_\_\_\_\_

**IN CASE OF EMERGENCY:**

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Phone #:(H) \_\_\_\_\_ (W) \_\_\_\_\_

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Phone #:(H) \_\_\_\_\_ (W) \_\_\_\_\_



**CONSENT AND GENERAL RELEASE**

I hereby consent to be tested according to the initial employment drug screening policy of **ATI Performance Products, Inc.**, and to the disclosure of the result to **ATI** for use in considering my application for employment.

Furthermore, for considering my application for employment, I also consent to drug and alcohol testing during my employment and hereby release **ATI** from all liability arising in any way related to such testing, disclosure of test result, or any actions taken by **ATI** which are related to the test results.

In the event I accept employment with **ATI**, I understand that drug and alcohol testing may be performed throughout my employment according to **ATI** policy, and consent to such testing at this time and as a condition of my employment.

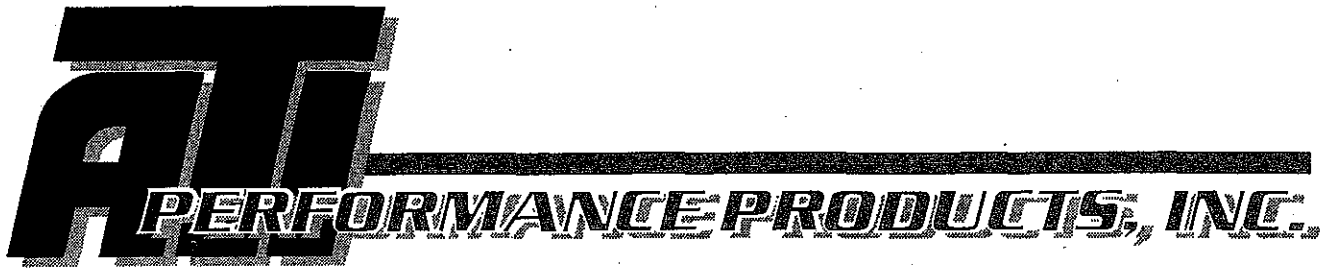
I understand that the written **ATI Workplace Substance Abuse Policy** is located in the **ATI Performance Products, Inc. Employee Handbook**, and I agree to read the policy in full once an **Employee Handbook** is issued to me.

I hereby acknowledge that I have read the **Consent and General Release** statement; that I understand its meanings and terms; and that I am voluntarily signing this agreement.

\_\_\_\_\_  
Applicant

\_\_\_\_\_  
Date

10/04



**PENALTY FOR EARLY WITHDRAWAL**

Any new hire who voluntarily leaves the employ of ATI within five (5) days of his or her starting date will have the costs of the pre-employment drug test and physical (if applicable) deducted from his or her paycheck.

We expect new employees to want to work for the company; if not, they should not accept our job offers.

Additionally, any new hire who fails the drug test will be immediately terminated, and will have the cost of the drug test deducted from his or her paycheck. Therefore, if you have reason to believe that you will not pass the drug test, please save our time and your money by declining the offer.

.....

I have read the above and understand that money will be deducted from my paycheck if I leave of my own will within five (5) days of being hired, or if I am terminated because of the results of my drug test.

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Applicant

Date

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For ATI

gh 10/13/05

FORMS: Penalty for Early



# PERFORMANCE PRODUCTS

## PERMISSION TO OBTAIN BACKGROUND REPORTS

As part of the pre-employment process, ATI Performance Products, Inc. may wish to obtain a credit report on a job applicant from a credit reporting agency. This information allows us to confirm the information supplied on your employment application. In addition, we might want to obtain information from a reporting agency on your education, professional licensing, criminal history, driving history, personal character, abilities, work habits, mode of living, residency, immigration status, general reputation, performance, experience and other qualities pertinent to your qualifications for employment, including reasons for termination of past employments.

In compliance with the Fair Credit Reporting Act, we must receive authorization from each job applicant in order to obtain such reports from a valid third party agency. If the information provided causes ATI to withhold a job offer, you will be informed of that occurrence. At your written request we will provide you with a copy of the report ATI received from the reporting agency, as well as the information necessary to contact the agency.

Please complete and sign the form which follows, authorizing without reservation any party, including but not limited to, employers, consumer reporting agencies, law enforcement agencies, state agencies, institutions, and private information bureaus or repositories contacted by a third party agency to furnish any or all of the above mentioned information. Your authorization releases the third party entity from any and all liability for damages arising from an investigation, and disclosure of the requested information. Further, it releases and discharges all liability from all companies, agencies, officials, officers, employees, and other persons who in good faith provide the above mentioned information as requested, in order to successfully complete a background investigation of your application for employment. Your signature allows a photocopy or copy of this authorization to be as valid as the original.

PRINT FULL NAME: \_\_\_\_\_  
DATE OF BIRTH (optional): \_\_\_\_\_ SSN: \_\_\_\_\_  
ADDRESS: \_\_\_\_\_  
CITY/STATE/ZIP: \_\_\_\_\_  
DRIVER'S LICENSE #: \_\_\_\_\_  
OTHER NAMES USED: \_\_\_\_\_  
APPLICANT SIGNATURE/DATE: \_\_\_\_\_

glh 3/10/10

FORMS: FCRA DISCLOSURE