



# ATI Application for Employment

6747 Whitestone Rd • Gwynn Oak, MD 21207 • (410) 298-4343 • FAX: (410) 298-8344 • www.atiracing.com

ATI is committed to the principle of equal employment opportunity for all employees with a work environment free of discrimination and harassment. All employment decisions at ATI are based on business needs, job requirements and individual qualifications without regard to race, color, religion or belief, national, social or ethnic origin, sex (including pregnancy), age, physical, mental or sensory disability, HIV status, sexual orientation, gender identity or expression, marital, civil union or domestic partnership status, past or present military service, family medical history or genetic information, family or parental status, or any other status protected by Federal and State laws.

ATI is "at-will", which means that both you and ATI have the right to terminate the employment relationship at any time for any reason, with or without cause and with or without notice.

**PLEASE PRINT - FILL OUT BOTH SIDES!**

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

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

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

Name: \_\_\_\_\_  
Last ~~ATI~~ First ~~ATI~~ 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 #: \_\_\_\_\_ Driver's License #: (State: \_\_\_\_\_) \_\_\_\_\_

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

On what date would you be available for work? \_\_\_\_\_ Are you on a layoff and subject to recall?  YES  NO

Are you lawfully permitted to work in the United States of America for ATI? (Please see statement below.)  YES  NO  
*In compliance with federal law, all persons hired will be required to verify identity and eligibility to work in the U.S. and complete required verification document.*

Are you able to perform the essential functions of the job for which you are applying (with or without reasonable accommodation)?  
 YES  NO  Need more info about the job's "essential functions" to respond.\*

*\* Reasonable accommodation is a feasible adjustment or modification to the work environment, manner or circumstances of performing a job that enables a qualified disabled person to perform the duties of the position without causing undue hardship on the employer. This question is not designed to elicit information about an applicant's disability, particular accommodation or whether accommodation is necessary. These issues may be addressed at a later stage to the extent permitted by law.*

Have you ever pleaded "guilty" or "no contest" to, or been convicted of, a crime? \*  YES  NO

If yes, please provide dates and details: \_\_\_\_\_

*\* Answering "yes" to the above question does not constitute an automatic bar to employment. Factors such as date of the offense, seriousness and nature of the violation, rehabilitation and position applied for will be taken into account.*

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

If yes, explain.

**ALL INFORMATION MUST BE FILLED OUT!**

**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 \_\_\_\_\_ 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: \_\_\_\_\_



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## 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 that 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's Signature

\_\_\_\_\_  
Date

To comply with safety regulations, all non-staff admitted into ATI's employee only area must provide emergency contact information.

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Phone: \_\_\_\_\_

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Phone: \_\_\_\_\_



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## 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.

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

\_\_\_\_\_  
For ATI



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## BACKGROUND INVESTIGATION CONSENT

As part of its due diligence procedures, ATI Performance Products Inc. (hereafter referred to as "ATI" or the "Company") may wish to conduct a background investigation and obtain credit reports on job applicants. It is expressly understood any information given is to be used for the purpose of determining acceptability for employment with ATI Performance Products, Inc. This information allows the Company to confirm the information supplied on your employment application.

In compliance with the Fair Credit Reporting Act, the Company must receive authorization from each job applicant in order to obtain background investigation reports from an outside third party agency. If the information provided in a resulting report causes ATI to withhold a job offer, you will be informed, in writing, of that occurrence. At your written request, ATI will provide you a copy of the reporting agency's report as well as the contact information for the agency.

In compliance with Maryland's Job Applicant Fairness Act (JAFA), employers in Maryland are generally prohibited from using an applicant's or employee's credit report or credit history as a basis for denial of employment, discharge or determining compensation or other terms, conditions or privileges of employment. Under the terms of the statute, an employer may request or use an applicant's or an employee's credit report or credit history if the employer has a bona fide purpose for requesting and using information in the credit report or credit history that is substantially job related and is disclosed in writing to the employee or applicant. A bona fide purpose that is substantially job related is defined under JAFA to include a position that:

- Is managerial and involves setting the direction or control of a business, or a department, division, unit, or agency of a business;
- Involves access to personal information of a customer, employee, or employer, except for personal information customarily provided in a retail transaction;
- Involves a fiduciary responsibility to the employer, including the authority to issue payments, collect debts, transfer money, or enter into contracts; or
- Is provided an expense account or a corporate debit or credit card.

*I voluntarily consent to authorize ATI Performance Products Inc. or any of its officers, employees or agents to check my references by contacting any person or entity they deem to be an appropriate reference. By my signature and completion of this consent form, I authorize the disclosure of information concerning my employment history, earnings history, employment performance, education, professional licensing, driving records history and standing, criminal records check and conviction history, personal character, abilities, work habits, mode of living, residency, immigration status, general reputation, reason for termination, and all other information deemed pertinent to qualifications for employment. I authorize ATI, its agents and any party, including but not limited to, employers, consumer reporting agencies, law enforcement agencies, local/state/federal agencies, education and/or professional institutions, and information bureaus contacted to furnish any and all information mentioned in this form. I voluntarily and knowingly unconditionally release any named or unnamed informant from any and all liability arising from an investigation, and disclosure of the requested information. This authorization shall be valid for one year from the date signed and allows a photographic or faxed copy of this authorization to be as valid as the original.*

Print Full Name: \_\_\_\_\_

Other Names Used: \_\_\_\_\_

Date of Birth (optional): \_\_\_\_\_ SSN: \_\_\_\_\_

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

City/State/Zip: \_\_\_\_\_

Driver's License #: (State: \_\_\_\_\_ ) \_\_\_\_\_

Applicant Signature & Date: \_\_\_\_\_