

**PENN UNITED TECHNOLOGIES, INC.**  
**APPLICATION REQUIREMENTS**

1. PENN UNITED TECHNOLOGIES requires **High School** transcripts for some, but not all of the positions we have available. We do encourage you to include your transcripts as they may increase your potential for obtaining employment.
2. If you have attended **College and/or Technical Schools** please submit those transcripts with the application.
3. After we review your application, you may be asked to come in for a brief introduction / testing session. We recommend that you bring your transcripts with you at that time if you don't send them with your application.
4. If you are unable to submit your transcripts when the application is turned in, please make sure that your full name is clearly marked on the transcripts when they are submitted. If your name has changed, please make the change on the transcripts.
5. The application must be signed and dated. (**back of the application**).
6. If you have prepared a resume, please include it with your application (**optional**), but not in lieu of completing the application
7. After the application is complete, please submit the application and any additional documents (ie. transcripts, resume, etc...) directly to Penn United Technologies in one of the following ways:
  - a. Main entrance front office of (Bldg1) Carl E. Jones Learning Center (Bldg 9)
  - b. mailed to the address below
  - c. faxed to (724) 352-6508
  - d. emailed to [kristen\\_bastaja@pennunited.com](mailto:kristen_bastaja@pennunited.com)

*Thank you for applying for employment with us.*



**Penn United Technologies, Inc.**  
*An employee-owned company*  
*An Equal-Opportunity Employer*

*Send application to:*  
Penn United Technologies, P.O.Box 399 Saxonburg, PA 16056

**PENN UNITED TECHNOLOGIES, INC.**  
**EQUAL EMPLOYMENT OPPORTUNITY DATA FORM**

Penn United Technologies is required to maintain certain information about the race and gender of applicants. We ask that you complete this form. The completion of this form is entirely voluntary and your decision not to supply the requested information will not affect any decisions regarding your application. This form will be kept separate from your application and maintained in a separate file for statistical record keeping purposes in compliance with EEOC guidelines.

Penn United Technologies is an Equal Opportunity Employer. Applicants are considered for employment without regard to race, color, religion, gender, national origin, age, marital status, or handicap.

1. Name \_\_\_\_\_  
Last First Middle Initial

2. Position Applying for: \_\_\_\_\_

3. Race or Ethnic Group (please check only one)

- White** (not Hispanic or Latino)
- Black** (not Hispanic or Latino)
- Two or more races** (not Hispanic or Latino)
- Asians** (not Hispanic or Latino)
- Native Hawaiian or Other Pacific Islander** (not Hispanic or Latino)
- American Indian or Alaskan Native** (persons having origins in the original peoples of North America and who maintain cultural identification through affiliation or community recognition.)
- Hispanic** (all persons of Mexican, Puerto Rican, Cuban, Central or South American, or other Spanish origin.)

4. Gender

- Male**
- Female**

5. Veterans Status

- Special Disabled Veteran** (entitled to compensation from Dept of Veteran's Affairs for disability rate of 30% or more, or rated at 10% to 20% for serious employment handicap)
- Vietnam Era Veteran** (served in Vietnam between February 28, 1961 through May 7, 1975 or served anywhere between August 5, 1964 through May 7, 1975)
- Other Protected Veteran** (served during a war or campaign for which a campaign badge has been authorized)
- Recently Separated Veteran** (released from active duty within the prior 12 month period)

Signature \_\_\_\_\_

Date \_\_\_\_\_

# APPLICATION FOR EMPLOYMENT

Attention: If a question does not apply to you, mark that question not applicable (n/a).  
Failure to answer every question may cause your application to be rejected.

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## PERSONAL

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Date: \_\_\_\_\_

Name \_\_\_\_\_  
Last First Middle

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Telephone Number \_\_\_\_\_

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## EMPLOYMENT DESIRED

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Position Applying For \_\_\_\_\_

Date Available \_\_\_\_\_

Salary Expected \_\_\_\_\_

Have you previously applied for work with us? Yes \_\_\_\_ No \_\_\_\_

If yes, When \_\_\_\_\_

Referral Source \_\_\_\_\_

Person to notify in case of emergency \_\_\_\_\_

Phone \_\_\_\_\_

\*\*\*\*\*  
This Company complies with Title VII of the Civil Rights Act of 1964, as amended, as well as all other employment related laws.

This Company considers all qualified applicants without regard to Race, Color, Religion, National Origin, Sex, Age, or Handicap.

National Tooling & Machining Association  
January 1975  
Revised January 1992  
Revised September 2000

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## EDUCATIONAL DATA

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School Name	City & State	No. of Yrs. Attended	Degree or Grade	Area of Specialty
Grade				
High				
College University				
Graduate School				
Trade, Business or Other				

List Special Skills:

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## PREVIOUS EMPLOYMENT EXPERIENCE

PAST EMPLOYERS Company Name, Address, Phone Number	Department(s) Worked	Supervisor(s) Name	Position(s) Held	Employed		Rate Of Pay	Reason For Leaving
				From	To		

**(Detailed explanation may be attached to indicate any special employment experience)**

You may contact all of the above listed employers except \_\_\_\_\_

Reason \_\_\_\_\_

For Applicant's additional comments or information not covered by the Forms, such as: career,  
interest, plans, objectives, etc. \_\_\_\_\_

## IN THE EVENT OF EMPLOYMENT BY THIS COMPANY OR ONE OF ITS SUBSIDIARIES

- I agree to abide by all the rules of the Company and will obey the orders and instructions of my supervisor, I will use and wear all safety appliances furnished by the Company and will work in a safe manner observing all company safety rules, not exposing myself or other workers to unnecessary dangers.
- I understand that the use or possession of drugs, alcohol or any controlled substances, other than that prescribed by a physician, is strictly prohibited on Company premises.
- I understand that employment will be on an at will basis and may be terminated at any time by either party with or without notice.
- I authorize this Company to seek information about me from whatever source and I agree to hold the Company harmless from any and all claims arising from such requests for information.
- I also agree that all former employers or any other persons may furnish this Company and subsidiaries with all information regarding their record of my service, character, and reason for leaving. I hereby release such former employers and persons from all liability for providing such information.
- I understand that any false, incomplete or misleading information on this application may result in my dismissal whenever discovered.
- I understand that any unanswered questions on this application may cause this application to be rejected.

Signature of Applicant \_\_\_\_\_ Date \_\_\_\_\_

**THIS APPLICATION WILL BE RETAINED IN OUR ACTIVE FILES FOR ONE(1) YEAR ONLY.**

OFFICE USE ONLY			
Name _____	SSN: _____	Position _____	
Date Employed _____	Wage and Hour Statue	( ) Exempt	( ) Non Exempt ( ) Other
Salary _____	Date of birth _____	Marital Status _____	
Other _____			