



agy

WWW.AGY.COM
AN EQUAL OPPORUTNITY EMPLOYER

EMPLOYMENT APPLICATION HOURLY / PRODUCTION

PERSONAL INFORMATION

| | | | | | |
|--|----------|--------|-------------------------|----------------|-----|
| NAME (LAST NAME, FIRST NAME): | | | SOCIAL SECURITY NUMBER: | | |
| ADDRESS | APT. NO. | CITY | | STATE | ZIP |
| ARE YOU 18 YEARS OR OLDER? <input type="checkbox"/> Yes <input type="checkbox"/> No | | PHONE: | | EMAIL ADDRESS: | |

DESIRED EMPLOYMENT

| | | |
|--|--|----------------|
| POSITION (DO NOT leave blank; will not be considered if not completed; see www.agy.com for available positions) | DATE YOU CAN START | SALARY DESIRED |
| ARE YOU EMPLOYED NOW? <input type="checkbox"/> Yes <input type="checkbox"/> No | IF SO MAY WE CONTACT YOUR PRESENT EMPLOYER? <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| HAVE YOU EVER APPLIED TO AGY BEFORE? <input type="checkbox"/> Yes <input type="checkbox"/> No | WHERE? | WHEN? |
| HAVE YOU EVER BEEN EMPLOYED BY AGY? <input type="checkbox"/> Yes <input type="checkbox"/> No | | |
| IF YES, PLEASE SPECIFY LOCATION AND DATE: | | |
| WHO REFERED YOU TO AGY? <input type="checkbox"/> EMPLOYEE REFERRAL(NAME _____) <input type="checkbox"/> WWW.AGY.COM <input type="checkbox"/> NEWSPAPER ADVERTSING <input type="checkbox"/> SC ONESTOP CENTER <input type="checkbox"/> OTHER LIST SOURCE _____ | | |

EDUCATION

| SCHOOL LEVEL | NAME AND LOCATION OF SCHOOL | NO OF YEARS ATTENDED | DID YOU GRADUATE? | SUBJECTS STUDIED |
|----------------------------------|-----------------------------|----------------------|-------------------|------------------|
| HIGH SCHOOL | | | | |
| COLLEGE | | | | |
| TRADE, BUSINESS OR CORRES.SCHOOL | | | | |

GENERAL

| | |
|--|-------------|
| SPECIAL TRAINING - List any special training you received | |
| _____ | |
| _____ | |
| SPECIAL SKILLS | |
| If skilled, craft, or both, list skill and number of years of full-time experience | |
| 1. _____ | 2. _____ |
| Skill _____ | Skill _____ |
| Years _____ | Years _____ |
| 3. _____ | _____ |
| Skill _____ | Years _____ |

EMPLOYMENT: Please complete fully starting with your most recent position. List all employment of three months or more during the last 10 years. Listing “refer to resume” will not be sufficient.

| | | | |
|---|--|---|-----------|
| NAME OF PRESENT OR LAST EMPLOYER: | | | |
| ADDRESS | | CITY | STATE ZIP |
| STARTING DATE | LEAVING DATE | JOB TITLE | |
| STARTING PAY _____ <input type="checkbox"/> Hourly <input type="checkbox"/> Annually | FINAL PAY _____ <input type="checkbox"/> Hourly <input type="checkbox"/> Annually | MAY WE CONTACT YOUR SUPERVISOR? <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| NAME OF SUPERVISOR | | TITLE | PHONE |
| DESCRIPTION OF WORK | | | |
| REASON FOR LEAVING | | | |

| | | | |
|---|--|---|-----------|
| NAME OF LAST EMPLOYER: | | | |
| ADDRESS | | CITY | STATE ZIP |
| STARTING DATE | LEAVING DATE | JOB TITLE | |
| STARTING PAY _____ <input type="checkbox"/> Hourly <input type="checkbox"/> Annually | FINAL PAY _____ <input type="checkbox"/> Hourly <input type="checkbox"/> Annually | MAY WE CONTACT YOUR SUPERVISOR? <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| NAME OF SUPERVISOR | | TITLE | PHONE |
| DESCRIPTION OF WORK | | | |
| REASON FOR LEAVING | | | |

| | | | |
|---|--|---|-----------|
| NAME OF LAST EMPLOYER: | | | |
| ADDRESS | | CITY | STATE ZIP |
| STARTING DATE | LEAVING DATE | JOB TITLE | |
| STARTING PAY _____ <input type="checkbox"/> Hourly <input type="checkbox"/> Annually | FINAL PAY _____ <input type="checkbox"/> Hourly <input type="checkbox"/> Annually | MAY WE CONTACT YOUR SUPERVISOR? <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| NAME OF SUPERVISOR | | TITLE | PHONE |
| DESCRIPTION OF WORK | | | |
| REASON FOR LEAVING | | | |

LIST THREE PROFESSIONAL REFERENCES WHO ARE NOT RELATED TO YOU

| | NAME | TITLE | PHONE NUMBER | YEARS KNOWN |
|---|------|-------|--------------|-------------|
| 1 | | | | |
| 2 | | | | |
| 3 | | | | |

SERVICE RECORD

| BRANCH OF SERVICE | DISCHARGE DATE RANK |
|-------------------|------------------------|
| | |

HAVE YOU EVER BEEN CONVICTED OF A FELONY? Yes No

IF YES, PLEASE EXPLAIN (WILL NOT NECESSARILY EXCLUDE YOU FROM CONSIDERATION)

ONLY U.S. CITIZENS OR ALIENS WHO HAVE A LEGAL RIGHT TO WORK IN THE U.S. ARE ELIGIBLE FOR EMPLOYMENT. CAN YOU, UPON EMPLOYMENT PROVIDE GENUINE DOCUMENTATION ESTABLISHING YOUR IDENTITY AND ELIGIBILITY TO BE LEGALLY EMPLOYED IN THE UNITED STATES? Yes No

HAVE YOU EVER BEEN DISCHARGED FROM ANY EMPLOYMENT OR ASKED TO RESIGN? Yes No

IF YES, PLEASE EXPLAIN:

AUTHORIZATION

I certify that the answers given herein are true and complete to the best of my knowledge. I also authorize investigation of all statements contained in this application for employment as may be necessary in arriving at an employment decision.

I hereby understand and acknowledge that, unless otherwise defined by applicable law, any employment relationship with this organization is of an "at will" nature, which means that the Employee may resign at any time and the Employer may discharge Employee at any time with or without cause. It is further understood that this "at will" employment relationship may not be changed by any written documentation or by conduct unless such change is specifically acknowledged in writing by an authorized executive of this organization.

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 Employer.

DATE

SIGNATURE

AGY HOLDING CORP. IS AN EQUAL OPPORTUNITY EMPLOYER. APPLICANTS WILL RECEIVE CONSIDERATION FOR POSITIONS, WITHOUT REGARD TO RACE, COLOR, RELIGION, AGE, SEX, EXCEPT WHERE SEX IS A BONAFIDE OCCUPATIONAL QUALIFICATION, SEXUAL ORIENTATION, MARITAL STATUS, INDIVIDUALS WITH DISABILITIES, AND EQUALLY TO DISABLED VETERANS AND VETERANS OF THE VIETNAM ERA.

| For Human Resources Use Only | Requisition Number | Job Group |
|------------------------------|--------------------|-----------|
| | | |