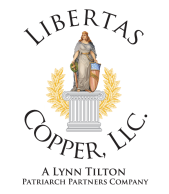
**Instructions:**

Each question should be fully and

accurately answered. No action can be taken on the application until all questions have been answered.

 **APPLICATION FOR EMPLOYMENT**

**Libertas Copper, LLC.**

A Lynn Tilton Patriarch Partners Company

It is the continuing policy of Libertas Copper, LLC. to afford equal employment opportunity to qualified employees and applicants regardless of their race, color, religion, sex, national origin, age, physical or mental handicaps or military veteran status in conformity with all applicable federal, state, and local laws, and regulations. Reasonable accommodations are provided for disabilities unless it would impose an undue hardship. **Screening tests for alcohol and illegal drug use may be required before hiring and during your employment here.**

Position Applied for: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Today’s Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Print Name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Email Address:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Last First Middle Home

Phone\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Cell

Present Street Address City State Zip Phone\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Previous

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

City State Zip How Long?

Social Security No.\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Are you 18 years of age or older? \_\_\_\_\_\_\_\_Date Available\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Are you a If not a citizen, are you legally employable How did you learn

US Citizen? \_\_\_\_\_\_\_\_\_\_\_\_within the U.S. at the present time?\_\_\_\_\_\_\_\_\_\_\_\_\_\_ of this opening?\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Do you have a valid driver’s license?\_\_\_\_\_\_Yes \_\_\_\_\_\_No If Yes, please list state and number. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Will you work: Day Shift \_\_\_\_\_\_\_ 2nd Shift\_\_\_\_\_\_Night Shift\_\_\_\_\_\_\_\_Days absent from work during past three years\_\_\_\_\_\_\_\_\_\_\_\_\_

Have you ever worked for the Have you ever applied Are you on lay-off

company before? If so, when?\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_here before? If so, when?\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_subject to recall?\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Are you If so, may we contact Are you or do you expect to be engaged

employed at present?\_\_\_\_\_present employer?\_\_\_\_\_\_\_\_\_\_\_\_in any other business or employment\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Have you ever been dismissed or

asked to resign from employment?\_\_\_\_\_\_\_If Yes, Date\_\_\_\_\_\_\_\_\_\_\_Employer\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Reason\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**EDUCATION**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| SCHOOL | NAME, ADDRESS, & LOCATION  OF SCHOOL | COURSE OF  STUDY | DID YOU  GRADUATE? | SCHOLASTIC  AVERAGE |
| HIGH  SCHOOL |  |  |  |  |
| COLLEGE |  |  |  |  |
| TRADE OR  BUSINESS  SCHOOL |  |  |  |  |

**MILITARY SERVICE HISTORY**

Branch of Service\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date Entered\_\_\_\_\_\_\_\_\_\_Date Separated\_\_\_\_\_\_\_\_\_\_\_Reserve Status\_\_\_\_\_\_\_\_\_

Rank at Separation\_\_\_\_\_\_\_\_\_\_\_\_\_\_Service Duties/Special Training\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**CONTINUED ON BACK**

**WORK HISTORY**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| LAST OR PREVIOUS EMPLOYER | DATES | JOB TITLE AND DUTIES | REASON FOR LEAVING | PAY |
| Company\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Address\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Phone\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Supervisor\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | From:  \_\_\_\_\_\_\_  To: | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | Starting:  \_\_\_\_\_\_\_\_  Ending: |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| NAME OF EMPLOYER | DATES | JOB TITLE AND DUTIES | REASON FOR LEAVING | PAY |
| Company\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Address\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Phone\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Supervisor\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | From:  \_\_\_\_\_\_\_  To: | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | Starting:  \_\_\_\_\_\_\_\_  Ending: |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| NAME OF EMPLOYER | DATES | JOB TITLE AND DUTIES | REASON FOR LEAVING | PAY |
| Company\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Address\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Phone\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Supervisor\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | From:  \_\_\_\_\_\_\_  To: | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | Starting:  \_\_\_\_\_\_\_\_  Ending: |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| NAME OF EMPLOYER | DATES | JOB TITLE AND DUTIES | REASON FOR LEAVING | PAY |
| Company\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Address\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Phone\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Supervisor\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | From:  \_\_\_\_\_\_\_  To: | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | Starting:  \_\_\_\_\_\_\_\_  Ending: |

**Do you have any other special skills or training you wish to mention?**

I hereby certify that the information provided by me for the purpose of employment is true and complete to the best of my knowledge and understand that if I am employed, any false statements or omissions will be considered cause for dismissal. In the case of dismissal, I further understand that the company is under no obligation or liability to me, other than for payment, at the rate agreed upon, for services actually rendered if I have been employed. I understand that if employed in a salaried position, I have been hired at the will of the employer and that my employment may be terminated at will, at any time; and with or without cause the employer’s only obligation being to pay salary owed at the time of termination. If hired as an hourly employee, with Union representation, I will be governed by the bargaining unit current labor agreement.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Applicant’s Full Name (Please Print) Applicant’s Signature Date

Revised 3/16