



Note to all applicants:

**All paper work must be completed truthfully.**

**Inconsistencies in the application from the consumer reports may disqualify the applicant.**



Plant Site Logistics  
PLANT SITE LOGISTICS, INC.  
1068 HARRISBURG PIKE CARLISLE, PA 17013

Note to all applicants:

Thank you for your interest in Plant Site Logistics, Inc.

In order to help you understand the timeline and application process, below is an explanation of the various documents required & steps at each phase to apply for a position at Plant Site Logistics, Inc. Documents may be faxed to (717) 609-4098 to the attention of Tara Long.

#### Phase I

- PSL Employment Application
- Application for Employment Agreement
- Release & Authorization to Obtain Investigative Consumer Report
- Voluntary Submission for Examination
- Affirmative Action Questionnaire (optional)
- Resume
- Official Transcript - College and Graduate where applicable
- Lo Jack Background Release (separate PDF)
- Lo Jack Skills Assessment (separate PDF)

After receipt of the above documents, consumer reports will be obtained. These include but are not limited to a Motor Vehicle Report, a Criminal Investigation Report and a Credit Check. All applicants must be approved by Lo Jack. These documents take a minimum of 48 hours to over a week to receive.

Upon receipt and review of the received documents from Phase I, a conditional hiring decision will be made. This decision may include phone and/or in person interviews. Plant Site Logistics, Inc. endeavors to communicate this conditional decision to you within two weeks of the receipt of the application.

#### Phase II

Upon extension & acceptance of a conditional offer the following documents are to be completed and submitted. Again, all offers are conditional pending review and receipt of:

- Relocation Notice & Agreement
- Conditional Job Offer & Medical Review
- Emergency Information
- W4 (2 pages)
- Automated Payroll Deposit Authorization Form
- I-9 Employment Eligibility Verification (separate PDF)
  - o Forms of identification must be photocopied, legible and provided at this time.

At this time, the candidate would be scheduled for a controlled substance screen and a physical. Receipt of results of these events normally takes one to two weeks.

Upon receipt of all submissions, the final employment decision will be made and relayed to the respective manager. The manager will then discuss the final decision with the applicant.

The entire process may take up to four weeks or longer.



**PREVIOUS EMPLOYERS**

PLEASE NOTE: Your application will not be considered unless every question in this section is answered. Since we will make every effort to contact previous employers, the **correct telephone numbers of past employers are critical**. Ask for a phone book or call information if necessary. A CURRENT FAX NUMBER IS MANDATORY FOR PRIOR EMPLOYERS OUTSIDE THE U.S.

What is the salary expectation for the position to which you are applying? \_\_\_\_\_ PER HOUR/WEEK/MONTH/YEAR

MOST RECENT/CURRENT EMPLOYER			
COMPANY NAME		WEBSITE	
CITY/STATE		SUPERVISOR NAME	
PHONE		FAX	
Yes	No	Are you currently working for this employer?	Number of Subordinates:
Yes	No	If yes, may we contact?	
JOB TITLE		DUTIES	
REASON FOR LEAVING			
DATE EMPLOYED FROM:		DATE EMPLOYED TO:	SALARY \$ PER HOUR/WEEK/MONTH/YEAR

SECOND MOST RECENT EMPLOYER			
COMPANY NAME		WEBSITE	
CITY/STATE		SUPERVISOR NAME	
PHONE		FAX	
JOB TITLE		DUTIES	
REASON FOR LEAVING			
DATE EMPLOYED FROM:		DATE EMPLOYED TO:	SALARY \$ PER HOUR/WEEK/MONTH/YEAR

THIRD MOST RECENT EMPLOYER			
COMPANY NAME		WEBSITE	
CITY/STATE		SUPERVISOR NAME	
PHONE		FAX	
JOB TITLE		DUTIES	
REASON FOR LEAVING			
DATE EMPLOYED FROM:		DATE EMPLOYED TO:	SALARY \$ PER HOUR/WEEK/MONTH/YEAR

**REFERENCES** Include only individuals familiar with your work ability. Do not include relatives or names of supervisors listed above.

NAME	ADDRESS	PHONE	YEARS KNOWN	RELATIONSHIP
1.				
2.				

**CERTIFICATION AND RELEASE** I certify that I have read and understand the applicant note on page one of this form and that the answers given by me to the foregoing questions and the statements made by me are complete and true to the best of my knowledge and belief. I understand that any false information, omissions or misrepresentations of facts called for in this application, whether on this document or not, may result in rejection of my application or discharge at any time during my employment. I authorize the company and/or its agents, including consumer reporting bureaus, to verify any of this information. I release all former employers, person, schools, companies and law enforcement authorities from any liability for any damage whatsoever for issuing this information. I also understand that the use of illegal drugs is prohibited during employment. If company policy requires, I am willing to submit to drug testing to detect the use of illegal drugs prior to and during employment.

SIGNATURE	DATE
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**APPLICATION FOR EMPLOYMENT AGREEMENT**



In consideration of my employment, I agree to conform to the rules and regulations of Plant Site Logistics Inc., and its subsidiaries. I understand that no manager or representative of any of the companies, other than an Officer, has the authority to enter into any agreement for my employment for any specified period of time, nor am I obligated to work for the Company for any specified period of time. I further agree that any such agreement must be in writing to be valid.

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

\_\_\_\_\_  
Date

**RELEASE AND AUTHORIZATION TO OBTAIN CONSUMER AND/OR INVESTIGATIVE CONSUMER REPORT**



1068 HARRISBURG PIKE  
CARLISLE, PA 17013

I, the undersigned, hereby consent, authorize and release Plant Site Logistics, Inc. and its affiliated companies, and/or its agents (collectively, herein after referred to as "the Company") to procure consumer reports on me including, but not limited to information concerning my credit worthiness and standing, character, general reputation, personal characteristics, and mode of living. These reports may be obtained through, but not limited to the following sources: employment and education verifications, personal credit history based on reports from any of the credit bureaus, person interviews, personal references, motor vehicle reports, social security number verifications, present and form addresses, criminal and civil history/records, and any other public records.

I hereby release any and all person, business entities, third party agencies, and governmental agencies providing information, whether public or private, from any and all liability, claims and/or demands, by me, my heirs or others making such claim or demand on my behalf for providing consumer report(s) and/or investigative consumer report(s) authorized therein.

Further, if I am selected as an employee or independent contractor for the Company I understand and authorize that a periodic investigation may be requested for the duration of my association with the Company. I understand that this release and authorization shall remain in effect for the duration of my association with the company. Additionally, I hereby authorize the Company to investigate any incidents of workplace misconduct against or involving me both during and after the term of my association with the Company.

I understand and agree that any information provided by me that is found to be false, incomplete or misrepresented in any respect in the Company's sole judgment, will be cause to cancel further consideration of my application for employment and/or contracting services whenever such discrepancies are discovered. Further, I understand that by requesting this information that no promise of employment is being made. I am willing that a photocopy of this authorization will be accepted with the same authority as the original.

**I HEREBY CERTIFY THAT THIS FORM WAS COMPLETED BY ME, AND THAT THE INFORMATION PROVIDED IS TRUE AND CORRECT AS OF THE DATE HEREOF.**

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

**Please print legibly:**

Name: \_\_\_\_\_ Date of Birth\*: \_\_\_\_\_  
                    First                    Middle                    Last

Social Security Number: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ Gender: Female  Male

Driver's License Number: \_\_\_\_\_ Issuing State: \_\_\_\_\_ Daytime Phone Number: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

Other Names Used (alias, maiden, nickname): \_\_\_\_\_

Current Address: \_\_\_\_\_  
                                    Address                                    City                    State            Zip            Dates Occupied To/From

List any other addresses that you have used in the last seven (7) years:

Prior Address: \_\_\_\_\_  
                                    Address                                    City                    State            Zip                    Dates Occupied From/To

Prior Address: \_\_\_\_\_  
                                    Address                                    City                    State            Zip                    Dates Occupied From/To

Prior Address: \_\_\_\_\_  
                                    Address                                    City                    State            Zip                    Dates Occupied From/To

If you are applying for a position in California, Minnesota or Oklahoma, would you like a copy of any consumer reports requested to be sent to you? Yes  No

\* Note: Date of Birth information is required for identification purposes only, and is in no manner used as qualifying for joining the Company. The Company does not discriminate on the basis of gender, religion, veteran status, age, or disability.

**CONSENT FORM**



**VOLUNTARY SUBMISSION FOR PHYSICAL EXAMINATION AND/OR BLOOD/URINE ANALYSIS  
AND THE RELEASE OF SAID RESULTS**

I, \_\_\_\_\_, voluntarily agree to undergo a physical examination and/or blood/urine analysis by a doctor, medical center, hospital, or medically qualified personnel, whenever regulations require it or company supervisory personnel request it. I understand this may include but is not limited to a physical examination and blood/urine analysis during pre-employment, biannually, post-accident, at random, and for reasonable cause.

I hereby authorize the release of the results of the physical examination and/or blood/urine analysis to Plant Site Logistics, Inc. or its representatives. By this authorization, I do hereby release any doctor, hospital, medical center, clinic, medical personnel, etc., Plant Site Logistics, Inc., or any of its representatives, from any and all liabilities arising from the release or use of the information contained in my physical examination results and/or blood/urine analysis.

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

\_\_\_\_\_  
Date

\_\_\_\_\_  
Witness

\_\_\_\_\_  
Date

\_\_\_\_\_  
Witness

\_\_\_\_\_  
Date



**AFFIRMATIVE ACTION QUESTIONNAIRE**

This information is being gathered for Affirmative Action monitoring, compliance, record keeping and reporting requirements under Section 402 of the Vietnam Era Veteran Readjustment Assistance Act of 1974, Section 503 of the Rehabilitation Act of 1973, Executive Order 11246 and Executive Order 11375. Applicants are considered for available positions without regard to race, color, religion, gender, national origin, age, marital or veteran status, or the presence of a non-job related medical condition or disability.

The information requested below is voluntary and will be kept confidential and may only be used in accordance with applicable laws. An applicant will not be subject to any adverse treatment for refusing to complete the questionnaire. This information is not part of the employment application and will not be considered in the employment/selection process. If you choose to provide information, please complete the following:

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

Title of Applied Position: \_\_\_\_\_

**GENDER:**

- Female
- Male

**RACE/ETHNICITY:**

- American Indian / Alaska Native
- Asian
- Black / African American
- Hispanic / Latino
- Native Hawaiian / Other Pacific Islander
- Two or More Races
- White

**VETERANS/US MILITARY STATUS:**

- Armed Forces Service Medal Veteran
- Disabled Veteran
- Other Protected Veteran
- Recently Separated Veteran
- Special Disabled Veteran
- Vietnam Era Veteran

Separation date: \_\_\_\_/\_\_\_\_/\_\_\_\_ (Month/Date/Year)





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**AFFIRMATIVE ACTION QUESTIONNAIRE**

*EEOC RACE/ETHNIC IDENTIFICATION CATEGORIES*

American Indian / Alaska Native	A person having origins in any of the original peoples of North and South America (including Central America), and who maintain tribal affiliation or community attachment.
Asian	A person having origins in any of the original peoples of the Far East, Southeast Asia, or the Indian Subcontinent, including, for example, Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand, and Vietnam.
Black / African American	A person having origins in any of the black racial groups of Africa.
Hispanic / Latino	A person of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin regardless of race.
Native Hawaiian / Other Pacific Islander	A person having origins in any of the peoples of Hawaii, Guam, Samoa, or other Pacific Islands.
Two or More Races	All persons who identify with more than one of the above five races.
White	A person having origins in any of the original peoples of Europe, the Middle East, or North Africa.

*VETERAN STATUS CATEGORIES*

Armed Forces Service Medal Veteran	<ol style="list-style-type: none"> <li>1. A veteran of the U.S. military, ground, naval or air service who is entitled to compensation (or who but for the receipt of military retired pay would be entitled to compensation) under laws administered by the Secretary of Veterans Affairs; or</li> <li>2. A person who was discharged or released from active duty because of a service-connected disability.</li> </ol>
Disabled Veteran	<ol style="list-style-type: none"> <li>1. A veteran of the U.S. military, ground, naval or air service who is entitled to compensation (or who but for the receipt of military retired pay would be entitled to compensation) under laws administered by the Secretary of Veterans Affairs; or</li> <li>2. A person who was discharged or released from active duty because of a service-connected disability.</li> </ol>
Other Protected Veteran	<ol style="list-style-type: none"> <li>1. A veteran who served in the military, ground, naval or air service of the U.S. on active duty during a war or in a campaign or expedition for which a campaign badge has been authorized.</li> </ol>
Recently Separated Veteran	Any veteran during the three-year period beginning on date of such veteran’s discharge or release from active duty in the U. S. military, ground, naval or air service.
Special Disabled Veteran	<ol style="list-style-type: none"> <li>1. A veteran who is entitled to compensation (or who but for the receipt of military retired pay would be entitled to compensation) under laws administered by the Department and/or Secretary of Veterans Affairs for a disability (a) rated at 30% or more, or (b) rated at 10% or 20% if it has been determined that the individual has a serious employment disability; or</li> <li>2. A veteran who was discharged or released from active duty because of a service-connected disability.</li> </ol>
Vietnam Era Veteran	<ol style="list-style-type: none"> <li>1. Served in the military, ground, naval or air service of the U.S. on active duty for a period of more than 180 days, and was discharged or released therefrom with other than a dishonorable discharge, if any part of such active duty occurred: (a) in the Republic of Vietnam between 02/28/1961, and 05/07/1975; or (b) between 08/05/1964, and 05/07/1975, in all other cases; or</li> <li>2. Was discharged or released from active duty for a service connected disability if any part of such active duty was performed: (a) in the Republic of Vietnam between 02/28/1961, and 05/07/1975; or (b) between 08/05/1964, and 05/07/1975, in all other cases.</li> </ol>