

Harsco Metals in Blytheville, AR is seeking qualified candidates for the following positions:

- Heavy Equipment Mechanic
- Heavy Equipment Operators

Interested applicants can apply online at www.harsco.com/careers or complete the application (next page).



APPLICATION FOR EMPLOYMENT HOURLY PRODUCTION/MAINTENANCE POSITION

AN EQUAL OPPORTUNITY EMPLOYER

Harsco Corporation is an equal opportunity employer. Employment decisions, including all hiring decisions, are made without regard to race, color, religion/creed, sex, national origin, ancestry, age, pregnancy, non-job-related disability, veteran status, or any other trait protected by applicable federal, state, or local laws. We strive to hire the hardest working and most qualified individuals.

PLEASE ANSWER ALL QUESTIONS COMPLETELY AND ACCURATELY

The Application will not be considered if it is incomplete or unsigned.

PLEASE PRINT

GENERAL	NAME – Last	First	Middle	Telephone No.
Current Address	Street	City or Town	State	Zip Code
Previous Address	Street	City or Town	State	Zip Code
Specific Position(s) Applied for: (You must identify specific existing open positions)	Wages/Salary Desired	<input type="checkbox"/> Full-Time <input type="checkbox"/> Part-Time <input type="checkbox"/> Temporary	Will you accept <input type="checkbox"/> Day Shift <input type="checkbox"/> Night Shift <input type="checkbox"/> Either	List date available for work if application is considered favorably.
Have you ever used a different name? If yes, please indicate the former name and dates used.				
How did you learn about employment opportunities at Harsco? If you were referred for employment, please indicate the referral source.				
Have you ever been convicted of or pled guilty or nolo contendere to any felony crime? Do not include conviction records that have been sealed or expunged by court order. <input type="radio"/> Yes <input type="radio"/> No		If you answered yes to either question, please list all crimes that you have been convicted of or pled guilty or nolo contendere to within the specified time period, and include the date of the offense. Please note that you will not automatically be excluded from consideration based upon a criminal record. Your suitability for the position sought will be evaluated based upon the circumstances in order to determine whether the criminal record renders you unsuitable for the job.		
Have you been convicted of or pled guilty or nolo contendere to a misdemeanor crime within the past five (5) years? <input type="radio"/> Yes <input type="radio"/> No				

List Names of any Friends or Relatives employed at Harsco.

Name _____ Relationship _____

Name _____ Relationship _____

Name _____ Relationship _____

Have you ever applied for employment with or been employed by Harsco or any division of Harsco? Yes No
 *If yes, provide dates and positions.

Are you at least 18 years of age? Yes No

Are you legally eligible for employment in the United States? Yes No

Are you able to perform all of the essential functions of the job that you have applied for with or without a reasonable accommodation Yes No

List your other skills and training including any experience with computer software and/or machinery operated.

EDUCATION	Name of School	Address	Circle Last Year Completed	Major	Did you obtain a degree?
High School			9 10 11 12		
College <input type="radio"/> Day <input type="radio"/> Evening			1 2 3 4		
Graduate Work <input type="radio"/> Day <input type="radio"/> Evening			1 2 3 4		
Special Trade or Business <input type="radio"/> Day <input type="radio"/> Evening			1 2 3 4		

PREVIOUS EMPLOYMENT List all positions held chronologically, starting with the most recent employment and do not omit any employers. Include all previous employment with Harsco and its Divisions and U.S. Military services. Use additional pages, if necessary.

EMPLOYERS (List last Employer first). May we contact your present employer? <input type="radio"/> Yes <input type="radio"/> No	EMPLOYMENT DATE	JOB INFORMATION
Name _____ Address _____ Telephone No. _____	From _____ To _____ Salary _____ Job Title _____	Describe Duties _____ Reason for Leaving _____ Name and Title of Supervisor _____
Name _____ Address _____ Telephone No. _____	From _____ To _____ Salary _____ Job Title _____	Describe Duties _____ Reason for Leaving _____ Name and Title of Supervisor _____

Name _____ Address _____ _____ _____ Telephone No. _____	From _____ To _____ Salary _____ Job Title _____	Describe Duties _____ _____ Reason for Leaving _____ Name and Title of Supervisor _____
Name _____ Address _____ _____ _____ Telephone No. _____	From _____ To _____ Salary _____ Job Title _____	Describe Duties _____ _____ Reason for Leaving _____ Name and Title of Supervisor _____

REFERENCES	Show three references. Do not list casual acquaintances or relatives. List only those individuals who have knowledge of your personal character, ability, and are familiar with your work.		
Name	Address	Telephone No.	Occupation

APPLICANT VERIFICATION

It is understood that falsification or misrepresentation of the information requested on this application or with respect to any other information provided in the hiring process will be sufficient cause for the denial or termination of employment regardless of when such fact may be discovered.

In submitting this application for employment, I authorize the Company to investigate all statements contained in it, and I understand that my current and/or former employers may be contacted to provide information concerning my suitability for employment, and that the references listed above will be contacted concerning my suitability for employment. I expressly authorize the Company to conduct such inquiries and I release the Company and any responding parties from any and all liability associated with such inquiries.

I further acknowledge that Harsco Corporation requires that I submit to a urinalysis laboratory screen for controlled substances and drugs to be conducted by a medical or testing clinic or laboratory selected and paid for by the Company. I agree to submit to such a test and hereby authorize release and disclosure of the results to Harsco Corporation. I further acknowledge that test results which show the presence of a controlled substance or illegal drug will result in denial or termination of employment.

I understand that in the event that I am hired, I will be hired as an at-will employee, and my employment may be terminated at any time, with or without cause, at the option of either the Company or myself. If employed, I agree to comply with the Company policies, rules and regulations.

I acknowledge that this Application will not be considered by Harsco for more than 90 days from the date below and that I must submit a new Application if I wish to be considered for employment after this Application expires.

APPLICANT'S SIGNATURE _____ DATE _____

HARSCO

APPLICANT VOLUNTARY INVITATION TO SELF-IDENTIFY - Via Electronic Mail

Various government agencies require periodic reports of Equal Employment Opportunity and Affirmative Action results and your voluntary completion of this form will assist HarSCO in our efforts to comply with these important requirements and to measure the success of our diversity efforts. The information that you provide will be used only for purposes of statistical analysis and compliance with government reporting requirements. The information that you provide on this form will not be considered in relation to any hiring decisions, it will not be provided to the decision-makers along with your employment application, and if you are hired, it will not become part of your personnel file or any other employment record. We would appreciate your voluntary participation, but a refusal to provide this information will not be considered in the hiring process or otherwise subject you to any adverse treatment.

IF YOU NEED ASSISTANCE OR REASONABLE ACCOMMODATION TO COMPLETE THIS FORM, PLEASE CONTACT HARSCO AT (717) 763-7064

Name: Position Applied For: Location:
Gender: Male Female Are you Hispanic or Latino: Yes No

If no, please check one circle below:

White Black or African American Native Hawaiian or Pacific Islander
 Asian American Indian or Alaskan Native Two or more races

INVITATION TO VOLUNTARILY SELF-IDENTIFY VETERAN STATUS: HARSCO is a Government contractor subject to the Vietnam Era Veterans' Readjustment Assistance Act of 1974, as amended by the Jobs for Veterans Act of 2002 (VEVRAA), which requires Government contractors to take affirmative action to employ and advance in employment protected veterans, including: (1) disabled veterans; (2) recently separated veterans; (3) active duty wartime or campaign badge veterans; and (4) Armed Forces service medal Veterans. These classifications are defined as follows:

- A **"Disabled Veteran"** means one of the following: (i) 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 (ii) a person who was discharged or released from active duty because of a service-connected disability.
- A **"Recently Separated Veteran"** means any veteran during the three-year period beginning on the date of such veteran's discharge or release from active duty in the U.S. military, ground, naval, or air service.
- An **"Active Duty Wartime or Campaign Badge Veteran"** means a veteran who served on active duty in the U.S. military, ground, naval, or air service during a war, or in a campaign or expedition for which a campaign badge has been authorized under the laws administered by the Department of Defense.
- An **"Armed Forces Service Medal Veteran"** means a veteran who, while serving on active duty in the U.S. military, ground, naval, or air service, participated in a United States military operation for which an Armed Forces service medal was awarded pursuant to Executive Order 12985.

If you believe you belong to any of the categories of protected veterans listed above, please indicate by checking the appropriate box below. As a government contractor subject to VEVRAA, we request this information to measure the effectiveness of the outreach and positive recruitment efforts we undertake. Submission of this information is voluntary and refusal to provide it will not subject you to any adverse treatment. Any information provided will be used only in ways that are not inconsistent with law. The information you submit will be kept confidential in accordance with applicable law.

- I identify as one or more of the classifications of protected Veterans listed above
 I am not a protected Veteran
 I decline to disclose my Veteran status

Our affirmative action program calls for outreach and positive recruitment efforts, as well as personnel processes that provide for careful, thorough, and systematic consideration of the job qualifications of applicants and employees who are known protected veterans. We do not discriminate in employment practices on the basis of veteran status. Our program also calls for collecting data in order to measure progress toward achieving equal employment opportunity for protected veterans.

By checking the following box you certify that you completed this form electronically and that the information provided is accurate. Date: Electronic Signature Box:

Authorization to Conduct Employment Background Investigation

I hereby authorize Justifacts Credential Verification, Inc, an Agent for **Harsco** to ascertain information regarding my background to determine any and all information of concern to my record, whether same is of record or not, and I release employers and persons named in my application from all liability for any damages on account of his/her furnishing said information. I understand that this form indicates that a background search will be conducted and that this is my notification of that intent. I understand that the purpose of this background investigation is to determine my suitability for employment and may elicit information on my character, general reputation, personal characteristics and mode of living. Additionally, you are hereby authorized to make any investigation of my personal history, educational background, military record, motor vehicle records, criminal records and credit history through an investigative or credit agency or bureau of your choice. I authorize the release of this information by the appropriate agencies to the investigating service. I understand that my consent will apply throughout my employment, unless I revoke or cancel my consent by sending a signed letter or statement to the Company at any time, stating that I revoke my consent and no longer allow the Company to obtain consumer or investigative consumer reports about me.

PLEASE PRINT CLEARLY

FULL NAME: _____

OTHER NAMES USED/MAIDEN NAME/DATES: _____

CURRENT ADDRESS: _____ PHONE: _____

LIST ALL ADDRESSES FOR PAST 7 YEARS:

Dates: _____

Dates: _____

Dates: _____

EMAIL ADDRESS: _____

SOCIAL SECURITY # _____ DATE OF BIRTH: _____

DRIVER'S LICENSE # _____ STATE ISSUED: _____

*** MAY WE CONTACT YOUR CURRENT EMPLOYER? YES _____ NO _____

*** HAVE YOU EVER BEEN CONVICTED OF A CRIME? YES _____ NO _____

If yes, please explain: _____

Notice to California Applicants - You may omit minor traffic offenses, any convictions which have been sealed, expunged or statutorily eradicated, convictions more than two years old for the following marijuana related offenses: HS11357b&c, HS11360c, HS11364, HS11365, HS11550, and misdemeanors for which probation was completed and the case was judicially dismissed.

Notice to Massachusetts Applicants: You may omit a first conviction for any of the following misdemeanors: drunkenness, simple assault, speeding, minor traffic violations, affray, or disturbance of the peace, or any conviction of a misdemeanor where the date of such conviction or the completion of any period of incarceration resulting there from, whichever date is later, occurred five or more years prior to the date of this application for employment, unless you have been convicted of any offense within five years immediately preceding the date of this application for employment.

Note: No applicant will be denied employment solely on the grounds of conviction of a crime. The nature of the offense, the date of the offense, the surrounding circumstances and the relevance of the offense to the position will be considered.

SIGNATURE: _____ DATE: _____

California Applicants: Under Section 1786.22 of the California Civil Code, you have the right to request from Justifacts (5250 Logan Ferry Rd, Murrysville PA 15626 - 800-356-6885, www.justifacts.com), upon proper identification, the nature and substance of all information in its files on you, including the sources of information, and the recipients of any reports on you to whom Justifacts has previously furnished within the three-year period preceding your request. Files maintained on a consumer shall be made available for the consumer's visual inspection, as follows: (1) In-person, if he appears in person and furnishes proper identification. A copy of his file shall also be available to the consumer for a fee not to exceed the actual costs of duplication services provided. (2) By certified mail, if he makes a written request, with proper identification, for copies to be sent to a specified addressee. (3) A summary of all information contained in files on a consumer and required to be provided by Section 1786.10 shall be provided by telephone, if the consumer has made a written request, with proper identification for telephone disclosure, and the toll charge, if any, for the telephone call is prepaid by or charged directly to the consumer.

California, Minnesota & Oklahoma Applicants Only: Please check this box if you would like a copy of the background check mailed to you. Minnesota and Oklahoma applicants will receive a copy direct from Justifacts or its designee. California applicants may receive a copy from either the prospective employer or Justifacts.

NOTICE: Under federal law, you have the right to request disclosure of the nature and scope of our investigation by providing us with a written request within 60 days of our background investigation.

Subscriber certifies that consumer credit information, consumer reports, as defined by the Fair Credit Reporting Act, 15 U.S.C. 1681 et seq. ("FCRA"), will be ordered only when intended to be used as a factor in establishing a consumer's eligibility for employment and that consumer credit information will be used for no other purposes. It is recognized and understood that the FCRA provides that anyone "who knowingly and willfully obtains information on a consumer from a consumer reporting agency" (such as Justifacts) "under false pretenses shall be fined not more than \$2,500 or imprisoned not more than two years or both."



REQUEST FOR DRIVER INFORMATION

The most current version of this form can be found at www.dmv.state.pa.us
DO NOT SEND CASH • SEE REVERSE FOR INSTRUCTIONS

Bureau of Driver Licensing • P.O. Box 68505 • Harrisburg, PA 17106-8505

CHECK (✓) ONE ONLY:

- BASIC INFORMATION: \$8.00 FEE (Driver history is not included)
- 3 YEAR DRIVER RECORD: \$8.00 FEE
- 10 YEAR DRIVER RECORD: \$8.00 FEE (Employment Purposes Only)

- FULL HISTORY: \$8.00 FEE
- CERTIFIED DRIVER RECORD: \$30.00 FEE
- COPY OF DOCUMENT FROM FILE (MICROFILM): \$8.00 FEE
- CERTIFIED COPY OF DOCUMENT FROM FILE: \$30.00 FEE

You may obtain a copy of your own 3 year, 10 year and/or Full History Driving Record on PennDOT'S website at www.dmv.state.pa.us

A REQUESTER INFORMATION NAME/COMPANY <u>JUSTIFACTS</u> ADDRESS (P.O. Box number may be used in addition to the actual address, but cannot be used as the only address.) <u>5250 LOGAN FERRY RD.</u> CITY STATE ZIP CODE <u>MURRYSVILLE, PA. 15668</u> DAYTIME TELEPHONE NUMBER (REQUIRED) <u>(412) 798-4790</u> RELATIONSHIP TO DRIVER (REQUIRED) _____	B END USER OF INFORMATION BEING REQUESTED NAME/COMPANY _____ ADDRESS (P.O. Box not acceptable), need to provide physical location of business/residence _____ CITY STATE ZIP CODE _____ DAYTIME TELEPHONE NUMBER (REQUIRED) _____ RELATIONSHIP TO DRIVER (REQUIRED) _____
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SIGNATURE X
 NOTARIZATION NOT REQUIRED WHEN REQUESTING YOUR OWN RECORD

D AFFIDAVIT OF INTENDED USE
 Intended Use of the Information Requested: CHECK ONLY ONE
 B = Driver Release (Driver must complete Section E)
 C = Credit Business (Legitimate Business need in connection with a business transaction initiated by the driver.)
 C = Credit Potential Investor, Server or Current Insurer (In connection with an assessment of the credit/payment risks associated with an existing credit obligation.)
 E = Employment (To support the hiring or the continuation of employment. Driver must complete Section E.)
 R = Insurance Company requesting record of person it intends to insure, now insures, or has rejected for insurance.
 K = Court Order must be attached. (A subpoena issued in compliance with Pa. R.C.P. 4009.21 will be accepted in lieu of a court order).
 L = Attorney representing driver identified in Section C (Driver must complete Section E.)

C DRIVER INFORMATION

NAME: LAST	FIRST	INITIAL
ADDRESS		
CITY		
STATE		ZIP CODE
PHONE NUMBER		
DATE OF BIRTH		DRIVER NUMBER
MONTH	DAY	YEAR

 I hereby certify that _____ PRINTED NAME OF REQUESTER
 will use the driver record abstract(s) required pursuant to Section 6114 of the Pennsylvania Vehicle Code, for the purpose checked above only and no other reason. This affidavit is filed in compliance with Section 607 of the Fair Credit Reporting Act. I/We have read and signed this form after its completion, and I/We swear or affirm that the statements made herein are true and correct, and that any statement made on or pursuant to this form is subject to the penalties of 18 Pa. C.S. Section 4903(a)(2) (relating to false swearing), which shall include punishment of a fine not exceeding \$5,000, or to a term of imprisonment of not more than two years, or both.
 _____ SIGNATURE OF REQUESTER

E DRIVER RELEASE
 I _____ here by request
 NAME OF DRIVER
 the Department of Transportation to furnish a copy of my PA Driver's Record to _____
 NAME OF PERSON/COMPANY
 _____ SIGNATURE OF DRIVER DATE _____

F MICROFILM

TYPE OF DOCUMENT	DATE OF VIOLATION
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(see list of available documents below)

Documents Available:

- Citations
- Suspension Credit Affidavits
- Court Certifications
- Suspension/Revocation Letters
- Applications
- Restoration Letters
- License Renewals
- Rescind Letters
- Judgments
- Department Hearing or Exam Notice

 Title _____
 SUBSCRIBED AND SWORN TO BEFORE ME: _____ MONTH _____ DAY _____ YEAR
 _____ SIGNATURE OF PERSON ADMINISTERING OATH
 _____ SIGN IN PRESENCE OF NOTARY

NOTARIZATION

S E A L

MESSENGER NO. _____