APPLICATION Revised 10/2025

PARAMOUNT GAMES, INC. 30 MILL STREET, WHEATLAND, PA 16161

PLEASE PRINT

Date:			
Name:			
	First	Middle	Last
Current Address:			
Phone:	City	State	Zip
E-Mail Address:			
Position Applying	for:		
Were you ever emp			□No
If yes, please state	position held, da	ites of employment, and reason for	r leaving:
		in the United States? Yes Vorking at Paramount Games:]No
		_	
Please list any frier	nds currently wo	rking at Paramount Games:	
Are you able to wo	rk 12-hour shifts	s? □Yes □No	
Are you able to wo	rk weekends?	□Yes □No	
Are you able to wo	rk Overtime?	□Yes □No	
		ions, or experiences in working in machine operating, etc.	a manufacturing setting to include any

NOTICE TO APPLICANTS:

Please do not phone Paramount Games regarding the status of your application.

We will not answer phone inquiries concerning your application.

EMPLOYMENT HISTORY

Beginning with the most recent, list below all current & past employment history. Please include complete details or your application may not be processed.

1.	Company Name and Address:					
	Position Held:	Hourly Wage:				
	Dates of Employment (month/year) From:	To:				
	Description of work performed:					
	Reason for leaving:					
	May we contact this employer: \square Yes \square	No				
2.	Company Name and Address:					
	Position Held:	Hourly Wage:				
		To:				
	Description of work performed:					
	Reason for leaving:					
		No				
3.	Company Name and Address:					
	Position Held:	Hourly Wage:				
	Dates of Employment (month/year) From:	To:				
	Description of work performed:					
	Reason for leaving:					
	May we contact this employer: \Box Yes \Box					

-	ompany Name and Address:							
Position Held:	osition Held: Hourly Wage:							
Dates of Employment (month/year) From:To:								
							eason for leaving:	
Tay we contact this employer: \Box Yes \Box No								
	EDUCAT	TION HISTORY						
	NAME & LOCATION OF SCHOOL	YEARS ATTENDED	DID YOU GRADUATE	SUBJECTS STUDIED				
HIGH SCHOOL								
COLLEGE	_							
TRADE OR BUSINESS SCHOOL								
I certify that the facthat if employed fals	duals with disabilities. ets contained in this application are to se statements on this application shal	ll be grounds for dis	smissal.					
I authorize i i	ation of all statements contained her	rein and the referer	acos and omnlove	ers listed above to give you				
any and all informa or otherwise, and r	mon concerning my previous employ celease the company from all liabili	yment and any peri	tinent informatio	n they may have, personal				
any and all informa or otherwise, and r information. I also understand a employment for any		yment and any pert ity for any damage he company has an	tinent informations that may result you authority to en	n they may have, personal t from utilization of such ter into any agreement for				
any and all informa or otherwise, and r information. I also understand a employment for any signed by an author This waiver does no	release the company from all liabili and agree that no representative of the specified period of time, or to make	yment and any pertity for any damage the company has any any agreement cont	tinent information that may result y authority to enter trary to the foreg	n they may have, personal t from utilization of such ter into any agreement for oing, unless it is in writing				
any and all informator otherwise, and rinformation. I also understand at employment for any signed by an author. This waiver does not the Americans with I understand that the if hired, my employ salary be terminate company policies.	release the company from all liabiling the company from all liabiling the company representative of the company representative. The permit the release or use of disability the company representative.	yment and any pertity for any damage the company has any any any agreement constituty-related or medievant federal and state a contract of my ne and may regardlissued an employe the handbook and of the hand	tinent information to that may result y authority to enter trary to the foreg tical information ate laws. The employment. I to the sof the date of the handbook that discuss any quest	n they may have, personal t from utilization of such ter into any agreement for oing, unless it is in writing in a manner prohibited by understand and agree that, f payment of my wages or will explain in detail all tions with management. I				