

Application for Employment
Eberl Iron Works, Inc.
128 Sycamore St. Buffalo, NY 14204

Date _____

NAME	PRESENT ADDRESS
Last	Street
First	City
Middle	State/Zip Code
E-mail Address	Phone Number ()

Referral Source: ☐ Advertisement ☐ Friend ☐ Relative ☐ Walk-in ☐ Employment Agency ☐ Other

Position Applied For _____ Date You Can Start _____ Salary Desired _____

Presently Employed ☐ Yes ☐ No If Yes, Can We Contact Your Present Employer ☐ Yes ☐ NoAre You Legally Authorized to Work in the United States? ☐ Yes ☐ No

Pursuant to federal law, all applicants, upon being made an offer of employment, must produce documents, which are specified by the federal government, establishing their identity and authorization for employment in the United States. These documents must be produced no later than 72 hours after commencement of employment. You also will be required to complete Form I-9 (issued by the federal government) verifying, under oath, your employment authorization and identity.

Are You Eighteen Years of Age or Older? ☐ Yes ☐ No (If no, do you have necessary permits to work? ☐ Yes ☐ No)**EDUCATION HISTORY**

EDUCATION	NAME & LOCATION OF SCHOOL	NO. OF YEARS ATTENDED	DID YOU GRADUATE?	SUBJECTS STUDIED
HIGH SCHOOL				
COLLEGE				
COLLEGE				
GRADUATE SCHOOL				
TRADE, BUSINESS, CORRESPONDENCE SCHOOL				
OTHER				

Subject of Special Study or Research Work _____

*All persons have the opportunity to be considered for employment without regard to their race color religion or creed, sex, age, national origin or ancestry, citizenship, veteran status, physical or mental disability, genetic predisposition or carrier status, marital status, sexual orientation, or any other personal characteristic protected by federal, state or local law.

EMPLOYMENT HISTORY

List Last Four Employers, Starting With Your Last Position

DATE MONTH/YEAR	NAME & ADDRESS	POSITION	REASON FOR LEAVING
FROM _____ TO _____			
FROM _____ TO _____			
FROM _____ TO _____			
FROM _____ TO _____			

REFERENCES

Give the Names of Three, Work-Related References (Please do not use relatives as references).

NAME	CONTACT INFORMATION	RELATIONSHIP	YEARS ACQUAINTED

I certify that the facts contained in this application are true and complete to the best of my knowledge and understand whether in the pre-employment stage or if employed, falsified statements and/or omissions on this application, in interviews, on any documents or at any time orally and/or written during my employment, may be grounds for non-consideration for employment or dismissal from employment, at any time. Additionally, I understand that this application and all pre-employment and supporting documents must be completed in their entirety in order to be considered for employment, including designating "n/a" for when a question is inapplicable.

I authorize investigation of all statements contained herein. I also authorize the references listed above to give you any and all information concerning my previous employment and any pertinent information they may have, personal and otherwise, and release all parties from all liability for any damage that may result from furnishing same to you.

I understand that this application is not a contract or offer of employment. I understand that no representation, whether oral or written, by any representative or agent of the Company can constitute a contract of employment. If hired, I agree to abide by all of the Company's rules and regulations. I understand that if employed, my employment is on an at-will basis. I am free to terminate my employment at any time for any reason. Similarly, the Company is free to terminate our employment relationship at any time without cause or notice.

I further understand that the Company and all plan administrators shall have the maximum discretion permitted by law to administer, interpret, modify, discontinue, enhance or otherwise change all policies, procedures, benefits or other terms or conditions of employment.

No representative or agent of the Company has the authority to enter into any agreement for employment for any specified period of time or to make any change in any policy, procedure, benefit or other term or condition of employment other than in a document signed by the President and/or CEO, or to make any agreement contrary to the foregoing.

Signature _____ **Date** _____

DO NOT WRITE BELOW THIS LINE

Interviewed By _____ Date _____

Hired ☐ Yes ☐ No Position _____ Department _____

Salary/Wages _____ Reporting Date _____ Approved _____