An Equal Opportunity Employer*

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 No Are 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								

^{*}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

Hired ☐ Yes ☐ No Position

Reporting Date

Salary/Wages

MONTH/YEAR NAME & ADDRESS POSITION REASON FOR LEAVING FROM	List Last Four Employers, St	arting With Your Last Position			
FROM	DATE MONTH/YEAR	NAME & ADDRESS	Р	OSITION	REASON FOR LEAVING
FROM					
FROM					
REFERENCES Give the Names of Three, Work-Related References (Please do not use relatives as references). NAME CONTACT INFORMATION RELATIONSHIP YEARS ACQUAINTEE If the pre-employment stage or if employed, falsified statements and/or omissions on this application, in interviews, or an documents or at any time orally and/or written during my employment, may be grounds for non-consideration for remployment 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 imaginized by the previous 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 imaginized by the previous 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 majorities from all liability for any admage that may result from furnishing same to you. I understand that this application is not a contract or ofter 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 is on an at-will basis. I am free it terminate my employment at any time for any reason. Similarly, the Company is free to terminate our employment relationship a 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 of conditions of employment.	FROM TO				
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Department

Approved