

# EBERL IRON WORKS, INC. EMPLOYMENT APPLICATION

128 Sycamore Street, Buffalo, New York 14204 (716) 854-7633

## GENERAL INFORMATION

Type of work applied for		Application date
Last name	First name	Middle initial
Street address	City/State	Telephone Number
Are you 18 or over: <input type="checkbox"/> Yes <input type="checkbox"/> No	Are you legally eligible to work in the U.S.? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Days you <i>cannot</i> work: <input type="checkbox"/> Monday <input type="checkbox"/> Tuesday <input type="checkbox"/> Wednesday <input type="checkbox"/> Thursday <input type="checkbox"/> Friday <input type="checkbox"/> Saturday <input type="checkbox"/> Sunday		
Are there any time periods in a 24-hour day you <i>cannot</i> work? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, what are they? _____		
Have you ever worked for Eberl Iron Works, Inc.? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes: <input type="checkbox"/> As an employee <input type="checkbox"/> Through an agency:		
Do you know anyone who works for Eberl Iron Works, Inc.? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, who? _____		
On what date would you be available for work? _____		

## WORK EXPERIENCE

Start with your present or last job. Include part-time and summer employment, military service and volunteer activities.

From: To: <input type="checkbox"/> Full-Time <input type="checkbox"/> Part-Time <input type="checkbox"/> Summer/Temporary	Company/Organization Name	Telephone Number
Position Held	Street Address	City State Zip Code
Supervisor's Name and Title	Describe the work you performed	
Last Rate of Pay \$ _____ Per _____	Reason for Leaving	
From: To: <input type="checkbox"/> Full-Time <input type="checkbox"/> Part-Time <input type="checkbox"/> Summer/Temporary	Company/Organization Name	Telephone Number
Position Held	Street Address	City State Zip Code
Supervisor's Name and Title	Describe the work you performed	
Last Rate of Pay \$ _____ Per _____	Reason for Leaving	
From: To: <input type="checkbox"/> Full-Time <input type="checkbox"/> Part-Time <input type="checkbox"/> Summer/Temporary	Company/Organization Name	Telephone Number
Position Held	Street Address	City State Zip Code
Supervisor's Name and Title	Describe the work you performed	

Last Rate of Pay \$ _____ Per _____	Reason for Leaving
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May we contact the above employers?  Yes  No If "No", indicate which one(s) you do not wish us to contact.

EDUCATION					
NAME	ADDRESS	Years Comp.	Graduate Y/N	Course of Study	
High School					
College				Major	Degree
Other					

REFERENCES (Not a Relative or Former Employer)		
Name and Address	Telephone	Years Known

Have you ever been convicted of a crime? (A conviction record will not necessarily be a bar to employment.)  Yes  No

If "Yes" please explain and describe in full detail: \_\_\_\_\_

Can you provide proof of legal authority to work in the U.S.  Yes  No

If you are under 18, can you furnish a work permit?  Yes  No (Bring with you when interviewed).

Have you ever been discharged from a position for making threats, fighting, or any incident involving violence? \_\_Yes \_\_No

**APPLICANT'S CERTIFICATION - Please read carefully before signing.**

I certify that, to the best of my knowledge and belief, the answers given by me to the foregoing questions, and the statements made by me in this application are correct and complete. I understand that misrepresentation or omission of facts or information in this application may result in a refusal to hire, or if hired, dismissal from employment.

If employed, I understand and agree that such employment may be terminated at any time, with or without reason or notice, and that my employment will not be governed by any expressed or implied contract, but is at-will.

I hereby give the Employer the right to investigate all references unless otherwise stated herein.

Applicant's Signature \_\_\_\_\_

Date \_\_\_\_\_

EBERL IRON WORKS, INC. ASSURES EQUAL EMPLOYMENT OPPORTUNITY TO ALL APPLICANTS IN ANY ASPECT OR PHASE OF EMPLOYMENT, WITHOUT REGARD TO RACE, COLOR, RELIGION, CREED, SEXUAL ORIENTATION, MILITARY STATUS, GENDER, NATIONAL ORIGIN, AGE, DISABILITY, MARITAL OR ANY OTHER LEGALLY PROTECTED STATUS.



**EMPLOYER'S DISCLOSURE PURSUANT TO  
THE DRIVER'S PRIVACY PROTECTION ACT**

In compliance with the Driver's Privacy Protection Act (18 U.S.C.A, 2721, et seq.), you are notified that in connection with and to better evaluate this application for employment; your driving record may be obtained from the Department of Motor Vehicles.

**AUTHORIZATION TO OBTAIN MOTOR VEHICLE REPORT AND INDIVIDUAL  
DRIVING RECORD**

I, \_\_\_\_\_ pursuant to the Driver's Privacy Protection Act (18 U.S.C.A, 2721, et seq.), hereby authorize \_\_\_\_\_ and/or its representatives, to obtain my Motor Vehicle Report Driver License Abstract, containing information on accidents, convictions, suspensions, and revocations, in order to evaluate my opportunities for continued or prospective employment.

I understand that this information will remain confidential and will be utilized for employment purposes only.

\_\_\_\_\_  
Applicant/Employee Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Driver's License Number

\_\_\_\_\_  
Expiration Date

\_\_\_\_\_  
State Issued

\_\_\_\_\_  
Witness Signature

\_\_\_\_\_  
Date