

4200 Macalester Street Philadelphia, PA 19124 Phone: (215)324-4200 Fax: (215)324-4210

www.ehmkemanufacturing.com

Application for Employment

It is a policy of Ehmke Manufacturing Company to be an Equal Opportunity Employer. We consider applicants for all positions without regard to race, religion, creed, gender, national origin, age, disability, marital or veteran status, sexual orientation, or other legally protected status.

General Information

NAME: (Last, First, Middle)			DATE:	
Home Address:			Home Telephone	2 #
City, State, Zip			Cellular Telepho	ne#
Are you legally eligible for employment Yes No Please Explain	t in this country?		Email Address:	
In case of an emergency please contact_				
	Name		Telephone #	
Position Applying For:	Date Available	to Start:		
Have you ever been employed by Ehmk Yes Where: No				
Have you ever applied to Ehmke Manuf Yes Where: No				
Are you employed now? Yes May we contact your employed No	•		Desired Salary:	
Referral Source: How did you hear about us? Posting	g Employee _	_ Call/Walk-In _	Advertisement	Other
Type of employment desired: (circle all Full-Time Part-Time Tem		asonal Edu	ıcational Co-Op	
Do you possess a valid driver's license? ☐ Yes ☐ No	-		•	
Please list days available: ☐ Monday ☐ Tuesday ☐ Wedneson	day □ Thursday	☐ Friday ☐ Sat	turday Sunday	
Some positions require a flexible schedulif not, please list any restrictions:	ule. Are you ava	ilable to work nig	ghts and weekends	?

Education

School Name, City & State				Years Completed	Course/Major	Diploma/Degree	
High School:					Completed		
College:							
Graduate School:							
Other:							
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mmarize any special T nich indicate race, colo		lls, Licenses/Certifi		r activiti	ies: (You may		nizations names
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hat foreign languages over you ever served in			s No				
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art with your most rece omission.	ent employer a	•	•	formatio			
Employer		Telephone Numb		tes of en	N nployment	Month Year M	Month Year
Street Address	City	State	Zip		1 3		
Job Title							
Immediate Supervisor and Title			May we contact for reference				
miniediate Supervisor					T Vac	\square No	□ Later
Reason for leaving:					☐ Yes	□ No	☐ Later
					☐ Yes	□ No	□ Later
Reason for leaving:		Telephone Numb)ates of		Month Year	Month Year
Reason for leaving: Summarize job respon		Telephone Numb		Dates of	☐ Yes	Month Year	Month Year
Reason for leaving: Summarize job respon Employer	nsibilities:	()	Γ	Dates of		Month Year	Month Year
Reason for leaving: Summarize job respon Employer Street Address	nsibilities: City	()	Γ	Dates of	employment	Month Year / to	Month Year
Reason for leaving: Summarize job respon Employer Street Address Job Title	nsibilities: City	()	Γ	Dates of	employment	Month Year / to	Month Year
Reason for leaving: Summarize job respon Employer Street Address Job Title Immediate Supervisor	City	()	Γ	Dates of	employment	Month Year / to	Month Year
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References

List below the names of three professional references not related to you, whom you have known for at least one year.

Name	Address & Phone	Occupation	Years known

Applicant Statement

I certify that all information provided in this application is true and correct. I authorize the investigation of all statements contained in this application for employment as may be necessary in arriving at an employment decision. This may include educational institutions, former employers, representative(s) of organizations and/or driving records. I understand that Ehmke Manufacturing reserves the right to not extend an offer of employment or retract an offer based on this investigation.

I understand that any misrepresentation or omission of facts in any respect within my application or interview process will be sufficient cause to eliminate me from further consideration for employment, or may result in my immediate discharge from employment, whenever it is discovered.

I certify that I have read the above st	tatement and fully understand and accept all terms.
Signature of Applicant:	Date: