

# EMPLOYMENT APPLICATION

EAST MANUFACTURING CORPORATION  
1871 State Route 44  
P.O. Box 277  
Randolph, OH 44265

**PERSONAL**

Date: \_\_\_\_\_

Last: \_\_\_\_\_ First: \_\_\_\_\_ M/I: \_\_\_\_\_

Address: \_\_\_\_\_ Social Security No. \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ Telephone No. \_\_\_\_\_

Position Applied For: \_\_\_\_\_ Desired Rate of Pay: \_\_\_\_\_ wk/hr

Would you like Full-Time \_\_\_\_\_ Part-Time \_\_\_\_\_ Specify Hours & Days if Part-Time \_\_\_\_\_

Referred By \_\_\_\_\_ List Any Friends or Relatives working for East \_\_\_\_\_

Were you previously employed by East? \_\_\_\_\_ If yes, when \_\_\_\_\_ Date available for work \_\_\_\_\_

Are there any experiences, skills, or qualifications which you feel would be especially fit you for work with our organization? \_\_\_\_\_

**EDUCATION**

| School      | Name and Address | Course of Study | Years Completed | Graduate |
|-------------|------------------|-----------------|-----------------|----------|
| High School |                  |                 |                 |          |
| College     |                  |                 |                 |          |
| Other       |                  |                 |                 |          |

**MILITARY SERVICE**

Were you in the U.S. Armed Forces? Yes \_\_\_\_\_ No \_\_\_\_\_ If yes, what branch \_\_\_\_\_

Rank At Discharge \_\_\_\_\_

List duties performed while in service \_\_\_\_\_

Have you taken any training including special training while in service? \_\_\_\_\_ If so, what training did you take? \_\_\_\_\_

**EMPLOYMENT HISTORY BEGINNING WITH MOST RECENT EMPLOYER:**

**EMPLOYER #1**

Name, Address, City, State, Zip: \_\_\_\_\_

Start Date: \_\_\_\_\_ Leaving Date: \_\_\_\_\_ Start Rate: \_\_\_\_\_ Leaving Rate: \_\_\_\_\_

Job Title: \_\_\_\_\_ Description of Work: \_\_\_\_\_

Reason For Leaving: \_\_\_\_\_

May we contact this employer?: \_\_\_\_\_ Phone No. of this employer: \_\_\_\_\_

**EMPLOYER #2**

Name, Address, City, State, Zip: \_\_\_\_\_

Start Date: \_\_\_\_\_ Leaving Date: \_\_\_\_\_ Start Rate: \_\_\_\_\_ Leaving Rate: \_\_\_\_\_

Job Title: \_\_\_\_\_ Description of Work: \_\_\_\_\_

Reason For Leaving: \_\_\_\_\_

May we contact this employer?: \_\_\_\_\_ Phone No. of this employer: \_\_\_\_\_

**EMPLOYER #3**

Name, Address, City, State, Zip: \_\_\_\_\_

Start Date: \_\_\_\_\_ Leaving Date: \_\_\_\_\_ Start Rate: \_\_\_\_\_ Leaving Rate: \_\_\_\_\_

Job Title: \_\_\_\_\_ Description of Work: \_\_\_\_\_

Reason For Leaving: \_\_\_\_\_

May we contact this employer?: \_\_\_\_\_ Phone No. of this employer: \_\_\_\_\_

**EMPLOYER #4**

Name, Address, City, State, Zip: \_\_\_\_\_

Start Date: \_\_\_\_\_ Leaving Date: \_\_\_\_\_ Start Rate: \_\_\_\_\_ Leaving Rate: \_\_\_\_\_

Job Title: \_\_\_\_\_ Description of Work: \_\_\_\_\_

Reason For Leaving: \_\_\_\_\_

May we contact this employer?: \_\_\_\_\_ Phone No. of this employer: \_\_\_\_\_

**REFERENCES:** Provide the names of three persons not related to you whom you have known at least one year.

| NAME | ADDRESS | PHONE |
|------|---------|-------|
| 1.   |         |       |
| 2.   |         |       |
| 3.   |         |       |

Are you over the age of 18? \_\_\_\_\_ If no, hire is subject to verification that you are of minimum legal age.

Have you been convicted of a felony in the past seven years? \_\_\_\_\_ If yes, please explain \_\_\_\_\_

Spare time Activities and Interests (Exclude Racial, Religious or Nationality Groups) \_\_\_\_\_

**Authorization to work:** If hired, proof of eligibility to work in the U.S. will be required.

**Physical Examination:** I understand that if I am offered employment, such employment will be conditional upon passing a drug screen and physical examination.

**Authorization To Investigate:** I authorize you to make such investigation and inquiries into my personal, employment (except as noted above), financial, and educational matters as may be necessary to arrive at an employment decision. I hereby release employers, schools, and other persons from all liability in responding to inquiries connected with my application.

**Acknowledge that employment is terminable at will:** I understand that if I am hired by East Manufacturing either East Manufacturing or I have the right to terminate the employment relationship at any time and for any reason.

**Certification of Truth and Implication of False Application Statements:**  
 Information I have given in this application is true and complete to the best of my knowledge. I realize that any false or misleading information given in this application or interview(s) may result in a refusal to offer employment, or if employed, may result in discharge. I also understand that I am required to abide by all rules and regulations of the Company.

Signed \_\_\_\_\_ Date \_\_\_\_\_

**Confidential Employment Application:** East Manufacturing Corp is an Equal Opportunity Employer. Facts relating to your race, age, sex, religion, color, marital status, national origin, or any disabilities are not requested by this application, nor are they considered in determining your qualifications.

| FOR OFFICE USE ONLY |  |                         |
|---------------------|--|-------------------------|
| Rate:               |  | Possible Work Locations |
| Position:           |  |                         |
| DOH:                |  |                         |
| Dept:               |  |                         |