



EBERHARD MANUFACTURING COMPANY

AN EQUAL OPPORTUNITY EMPLOYER APPLICATION FOR EMPLOYMENT

PLEASE PRINT:

DATE _____

LAST NAME _____ FIRST NAME _____ MIDDLE NAME _____

S/S NO. _____

STREET ADDRESS / APT. NO. _____

TELEPHONE _____

CITY _____ STATE _____ ZIP _____

JOB APPLIED FOR: *FIRST CHOICE _____ YRS. EXP. _____

*SECOND CHOICE _____ YRS. EXP. _____

WILLING TO WORK ANY SHIFT? YES _____ NO _____ AVAILABLE TO START _____

PERSONAL INFORMATION

*HAVE YOU EVER BEEN CONVICTED OF ANY LAW VIOLATION (EXCEPT MINOR TRAFFIC VIOLATIONS)? _____

IF YES, EXPLAIN: _____

*AN APPLICANT MUST ANSWER THIS QUESTION UNLESS THE RECORD HAS BEEN EXPUNGE (SEALED) PURSUANT TO S1842.31 ET SEQ. OHIO REVISED CODE. THE QUESTION MUST NEVERTHELESS BE ANSWERED IF THE NATURE OF SUCH CONVICTION BEARS A DIRECT AND SUBSTANTIAL RELATIONSHIP TO THE POSITION FOR WHICH THE APPLICANT HAS APPLIED.

DO YOU HAVE ANY RELATIVES EMPLOYED BY THIS COMPANY OR ITS AFFILIATES? _____ YES _____ NO _____

IF YES, LIST NAME: _____

EXPERIENCE

HAVE YOU EVER WORKED HERE BEFORE? YES / DATE _____ NO _____

HAVE YOU EVER INTERVIEWED HERE BEFORE? YES / DATE _____ NO _____

LIST SPECIAL KNOWLEDGE, SKILLS OR QUALIFICATIONS INCLUDING COMPUTER SKILLS - SOFTWARE/HARDWARE, ETC.:

IF YOU ARE AN EXPERIENCED OPERATOR OF ANY PLANT MACHINES OR EQUIPMENT, PLEASE LIST: _____

WHAT DO YOU CONSIDER YOUR STRONGEST QUALITY AND/OR QUALIFICATION? _____

EDUCATION

| SCHOOL | ADDRESS (City/State) | MAJOR STUDIES | HIGHEST LEVEL COMPLETED | DIPLOMA, DEGREE, LICENSE or CERTIFICATE |
|----------------------------|----------------------|---------------|-------------------------|---|
| High School | | | | |
| College/University | | | | |
| Vocational, Business, Etc. | | | | |

List Any Professional Designations: _____

Continue Over

EMPLOYMENT HISTORY

| EMPLOYED FROM / TO | EMPLOYER NAME, ADDRESS & PHONE (GIVE MOST RECENT EMPLOYER FIRST) | NAME OF LAST SUPERVISOR | JOB DUTIES DESCRIPTION | SALARY OR WAGE | REASON FOR LEAVING |
|--------------------|--|-------------------------|------------------------|----------------|--------------------|
| | PHONE: | | | | |
| | PHONE: | | | | |
| | PHONE: | | | | |

CAN WE CONTACT YOUR CURRENT EMPLOYER? YES _____ NO _____

MILITARY SERVICE

DATES OF SERVICE: FROM: _____ TO: _____

SERVICE U.S. FORCES: BRANCH: _____ RANK: _____

EQUAL OPPORTUNITY EMPLOYER:

In compliance with federal and state equal opportunity laws, applicants are considered for employment without regard to race, color, religion, gender, national origin, age, military status, or the presence of a disability which is subject to reasonable accommodation, veteran status, or any other status protected under local, state or federal laws.

APPLICANT ACKNOWLEDGEMENT AND AUTHORIZATION: PLEASE READ CAREFULLY BEFORE SIGNING

I certify all information provided by me in this application (or any other accompanying or required documents) is correct, accurate and complete to the best of my knowledge. I understand the falsification, misrepresentation or omission of any facts in said documents will be cause for denial of employment or immediate termination of employment regardless of the timing or circumstances of discovery.

I understand submitting an application does not guarantee employment. I further understand should an employment offer be extended by Eberhard Manufacturing such employment with Eberhard Manufacturing is at will, for no specified duration and may be terminated by either Eberhard Manufacturing or myself at any time, with or without cause or notice unless otherwise indicated by an employment agreement.

In consideration for employment with Eberhard Manufacturing, if employed, I agree to conform to Eberhard Manufacturing's rules, regulations, policies and procedures at all times and understand such compliance is a condition of employment.

I understand if offered a position with Eberhard Manufacturing, I may be required to submit to a background check, a pre-employment drug screen and a physical as a condition of employment. I understand unsatisfactory results from, refusal to cooperate with, or any attempt to affect the background check, pre-employment drug screen and/or the physical will result in withdrawal of any employment offer or termination of employment if already employed. I also understand, in connection with and as a condition to hiring, Eberhard Manufacturing may request from a consumer reporting agency an investigative consumer report including information as to my credit records, character, general reputation, personal characteristics and mode of living. I hereby consent for Eberhard Manufacturing to make that request. Upon written request from me, Eberhard Manufacturing will provide me with additional information concerning the nature and scope of any such report requested by it, as required by the Fair Credit Reporting Act.

I hereby authorize any and all schools, former employers, references, courts and any others who have information about me to provide such information to Eberhard Manufacturing and/or any of its representatives, agents, or vendors and I release all parties involved from any and all liability for any and all damage that may result from providing such information.

I understand this application is considered current for six months. If I wish to be considered for employment after this period I must complete and submit a new application.

By signing below I acknowledge I have read, understand and agree to the above statements.

SIGNATURE _____

DATE _____



EBERHARD[®]
Industrial, Vehicular & Specialty Systems

EBERHARD MANUFACTURING COMPANY
Division of The Eastern Company
21944 Drake Road P.O. Box 368012
Cleveland, Ohio 44149-9712
Phone (440) 238-9720 Fax (440) 572-2732
www.eberhard.com

IMPORTANT - ALL APPLICANTS

We are subject to certain governmental recordkeeping and reporting requirements for the administration of civil rights laws and regulations. In order to comply with these laws, we invite our applicants/employees to voluntarily self-identify their race and ethnicity. Submission of this information is voluntary and refusal to provide it will not subject you to any adverse treatment. The information will be kept confidential and will only be used in accordance with the provisions of applicable laws, executive orders, and regulations, including those that require the information to be summarized and reported to the federal government for civil rights enforcement. When reported, data will not identify any specific individual.

Date: _____

Name: _____

Position Applying For: _____

I understand the reason for this request for voluntary self-identification as stated above and choose to decline.

OR

I understand the reason for this request for voluntary self-identification as stated above and have opted to complete this form.

RACE

White (Not Hispanic or Latino): A person having origins in any of the original peoples of Europe, the Middle East or North Africa.

Black or African American (Not Hispanic or Latino): A person having origins in any of the black racial groups of Africa.

Hispanic or Latino: A person of Cuban, Mexican, Puerto Rican, South or Central American or other Spanish culture or origin, regardless of race

Native Hawaiian or Other Pacific Islander (Not Hispanic or Latino): A person having origins in any of the peoples of Hawaii, Guam, Samoa or other Pacific Islands.

Asian (Not Hispanic or Latino): A person having origins in any of the original peoples of the Far East, Southeast Asia, or the Indian Subcontinent, including for example, Cambodia, China, India, Japan Korea, Malaysia, Pakistan, the Philippine Islands, Thailand and Vietnam.

American Indian or Alaskan Native (Not Hispanic or Latino): A person having origins in any of the original peoples of North or South American (including Central America), and who maintain tribal affiliations or community attachment.

Two or More Races (Not Hispanic or Latino): All persons who identify with more than one of the five races

GENDER

Male Female

REFERRAL SOURCE

Walk-In
 Private Agency _____
 Public Agency _____

Newspaper Advertisement _____
 Employee Referral _____
 Other _____

Thank You For Your Cooperation

Revised: 9/11/09

APPLICANT CONSENT FORM

I, _____ (please print name), have read the foregoing statement and understand that the pre-employment screening process includes a urine test which may disclose the use of drugs or alcohol, or which may indicate substance abuse or chemical dependency.

I consent to such test and to the disclosure of the results of the test to Eberhard Manufacturing for its internal use only. I release and discharge Eberhard Manufacturing and any laboratory, which performs analysis from any claim or limitation, the testing procedures, the analysis, or the disclosure of the results.

I further consent, if hired, to periodic drug/alcohol usage tests and to searches on Eberhard Manufacturing property of lockers, desks, lunch boxes and other areas which may belong or be assigned to me.

Date: _____

Signed: _____