



Eichenauer, Inc.

An Equal Opportunity Employer

APPLICATION FOR EMPLOYMENT

It is the policy of Eichenauer, Inc., and their related companies and divisions to provide equal opportunity for all qualified persons. We are an equal opportunity employer dedicated to a policy of non-discrimination in employment on the basis of race, color, age, sex, religion, national origin, disability, citizenship, marital status, military status or sexual orientation.

PLEASE PRINT ALL INFORMATION

Today's Date: _____ Salary/Wage Desired: _____ Position Desired: _____

Last Name		First Name		Initial	Date Available to Begin Work
Street Address	City	State	Zip Code	Telephone Number	

How were you referred to us? Walk-in Advertisement Agency Other
 Employee (Name _____)

Do you have the legal right to work in the United States?..... Yes No

Are you over 18 years of age?..... Yes No

Have you completed an Employment Application with us in the past year?..... Yes No
 If yes, where? _____

Have you ever worked for this company before? Yes No

If yes, when, where, and what position did you hold? _____

Do you have relatives who work for this company? Yes No If yes, name _____

Occasional overtime may be required, including weekends. Can you work overtime during the week?
 Yes No On weekends? Yes No

Education	Name and Location of School	Circle Last Year	Did you Graduate?	Subjects Studied & Degree(s) Received
High School		1 2 3 4	<input type="checkbox"/> Yes <input type="checkbox"/> No	
College/University		1 2 3 4	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Trade, Business or Correspondence School		1 2 3 4	<input type="checkbox"/> Yes <input type="checkbox"/> No	

Other Education, including Military: _____

Are you currently attending school? Yes No If yes, studying what & where? _____

U.S. Military Service: Branch _____ Dates of Service: From _____ To _____

Describe Nature of Duties and any special honors received: _____

EMPLOYMENT HISTORY — List present or most recent employer first

Name and Address of Employer	Details of Position	Title and Description of Duties
	Date Began:	
	Date Ended:	
	Supervisor Name:	
	Salary upon leaving:	
	Reason for leaving:	
	Date Began:	
	Date Ended:	
	Supervisor Name:	
	Salary upon leaving:	
	Reason for leaving:	
	Date Began:	
	Date Ended:	
	Supervisor Name:	
	Salary upon leaving:	
	Reason for leaving:	

Account for Period(s) between Jobs: _____

Have you ever been discharged or forced to resign from any prior job? Yes No

If yes, please explain: _____

May we contact your present or most recent employer for references? Yes No

List any professional, technical, social, community, or other organizations that you belong to. (You may omit clubs or organizations that would indicate religious, racial, or national character):

List the machines and equipment (e.g., computer, forklift) that you can operate. Note length of experience for each: _____

Special skills/licenses: _____

Additional information that would be helpful in judging your qualifications: _____

REFERENCES

List below three business references

Name	Phone Number	Position	Years Acquainted
1.	()		
2.	()		
3.	()		

If you are to be hired by the company, you will be required to attest to your identity and employment eligibility, and to present documents verifying your identity and legal right to work in the United States. You cannot be employed if you cannot comply with these requirements.

AUTHORIZATION

I certify that the answers given to me to the questions are true and correct without consequential omission of any kind whatsoever. I understand and agree that a false statement, answer, or omission constitutes sufficient cause for dismissal and the company shall not be liable in any respect if my employment is terminated because of the falsification of statements, answers, or omissions made by this application. I also authorize the companies, schools, or persons named to give any information regarding my employment together with any information they may give regarding me. whether or not it is in their records. I hereby release said companies, schools, or persons from all liability for any damage resulting from issuing this information. In consideration of my employment, I agree to conform to the rules and regulations of Eichenauer, Inc., and their related companies or divisions and I agree that my employment and compensation can be terminated, with or without cause, and with or without notice, at any time, at the option of either the company or myself.

**ATTENTION NEW HAMPSHIRE EMPLOYEES:
ALL EMPLOYMENT OFFERS ARE CONTINGENT ON PASSING A PRE-
EMPLOYMENT DRUG SCREEN**

I agree to have a test to detect drugs. I also agree for the report of said test(s) to be released to agents of the company and release the company and its agents from any liability arising out of the test. I understand and agree that the results of the test will be released to any Federal, State and local governmental authority which inquired about me, including Workers Compensation and Division of Employment Security or any other entity under compulsion of law or subpoena.

Applicant's Signature _____



Eichenauer Inc.

VALUE STATEMENT

EICHENAUER INC. VALUES ITS WORKFORCE AND IS COMMITTED TO BECOMING THE EMPLOYER OF CHOICE IN THE SUGAR RIVER VALLEY.

WE ARE COMMITTED TO AN EFFECTIVE CULTURE CHANGE THAT FOCUSES ON EMPLOYEE DEVELOPMENT AND COMMITMENT TO QUALITY FOR INTERNAL AND EXTERNAL CUSTOMERS.

BY TAKING DECISIVE ACTION AND ADJUSTING TO EACH DECISION, WE WILL ACHIEVE EXCELLENCE IN EVERYTHING WE DO.

January 2023