



AN EQUAL OPPORTUNITY EMPLOYER

APPLICATION FOR EMPLOYMENT

(PLEASE PRINT IN INK. YOU MUST COMPLETE ENTIRE QUESTIONNAIRE)

PERSONAL INFORMATION

Today's Date _____

Name

Last _____ First _____ Middle _____

Home Address

Street _____ City _____ State _____ Zip _____

Home Phone Number _____ Are you 18 years or older? YES NO

Are you either a U.S. citizen or an alien authorized to work in the United States? YES NO

EMPLOYMENT DESIRED

Position _____ Date You Can Start _____ Salary Desired _____

Are you employed now? _____ If so, may we inquire of your present employer? _____

Ever applied to this company before? _____ When? _____

Referred by: Agency Walk-in Friend/Relative Newspaper School Other

Have you ever worked for ERIE PRESS SYSTEMS before? _____ If yes, date of employment _____

Position while employed: _____

EDUCATION	NAME AND LOCATION OF SCHOOL	NO. OF YEARS ATTENDED	DID YOU GRADUATE?	SUBJECTS STUDIED
GRAMMAR SCHOOL				
HIGH SCHOOL				
COLLEGE				
TRADE, BUSINESS OR CORRESPONDENCE SCHOOL				

GENERAL

Subjects of special study or research work:

Special Skills:

Activities (Civic, Athletic, etc.):

Exclude organizations, the name of which indicates race, religion, disability, sex, age, marital status, color or national origin.

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U.S. Military or Naval Service:

Rank:

FORMER EMPLOYERS

(List below former employers, starting with last one first)

DATE MONTH AND YEAR	NAME AND ADDRESS OF EMPLOYER	SALARY	POSITION	REASON FOR LEAVING
From: To:				
From: To:				
From: To:				

Have you ever been convicted of a felony or misdemeanor, excluding traffic offenses?

Yes No (If yes, please explain.)

(A conviction record will not necessarily be a bar to employment and factors such as age and time of offense, seriousness and nature of the violation and rehabilitation will be taken into account.)

SKILLS LIST – Please check all that apply to you:

<p>WELDING CERTIFICATIONS</p> <p><input type="checkbox"/> Basic Welding <input type="checkbox"/> Pipe Welding <input type="checkbox"/> Maintenance Welding</p>
<p>SKILLS</p> <p><input type="checkbox"/> Pipefitting <input type="checkbox"/> Electrical <input type="checkbox"/> Mechanical Assembly</p>
<p>ABILITY TO READ</p> <p><input type="checkbox"/> Mechanical Drawings <input type="checkbox"/> Hydraulic Schematics <input type="checkbox"/> Electrical Schematics</p>
<p>ABILITY TO OPERATE</p> <p><input type="checkbox"/> Horizontal Boring Machine <input type="checkbox"/> Metal Saw <input type="checkbox"/> Band Saw <input type="checkbox"/> Planer Mill <input type="checkbox"/> Jib Crane <input type="checkbox"/> Overhead Crane <input type="checkbox"/> Fork Lift <input type="checkbox"/> Drill Press <input type="checkbox"/> Blanchard Grinder <input type="checkbox"/> CNC Controlled Machine <input type="checkbox"/> Vertical Boring Machine <input type="checkbox"/> Air Tools <input type="checkbox"/> Lathes <input type="checkbox"/> Scissor/Aerial Lifts</p>
<p>ABILITY TO</p> <p><input type="checkbox"/> Recognize and confirm various mechanical functions of a machine <input type="checkbox"/> Use various hand tools <input type="checkbox"/> Use precision measuring instruments</p>
<p>MAINTENANCE SKILLS</p> <p><input type="checkbox"/> General maintenance <input type="checkbox"/> Mechanical machine maintenance repair <input type="checkbox"/> Control/Service Skills <input type="checkbox"/> Electrical machine maintenance repair</p>
<p>TECHNICAL KNOWLEDGE OF</p> <p><input type="checkbox"/> Machine Controls <input type="checkbox"/> Surface Finishes <input type="checkbox"/> Fits & Tolerances <input type="checkbox"/> Hydraulic or Mechanical Press Evaluation Skills <input type="checkbox"/> Process Skills <input type="checkbox"/> Various Forging Processes <input type="checkbox"/> Mechanical Systems <input type="checkbox"/> ISO 9000 series standards <input type="checkbox"/> Quality Systems <input type="checkbox"/> Design & process FMEA skills <input type="checkbox"/> Reliability & maintainability guidelines</p>
<p>TECHNICAL SKILLS</p> <p><input type="checkbox"/> CNC programming <input type="checkbox"/> Machining skills <input type="checkbox"/> Work planning skills <input type="checkbox"/> MRP knowledgeable <input type="checkbox"/> Shop math <input type="checkbox"/> Algebra <input type="checkbox"/> Analytical geometry <input type="checkbox"/> Trigonometry <input type="checkbox"/> Calculus <input type="checkbox"/> Design analysis & development <input type="checkbox"/> Knowledge of PLC based systems <input type="checkbox"/> AutoCAD <input type="checkbox"/> Knowledge of logistics <input type="checkbox"/> Knowledge of rigging <input type="checkbox"/> Technical writing skills <input type="checkbox"/> Knowledge of PC based systems.</p>
<p>COMPUTER & PERSONAL SKILLS</p> <p><input type="checkbox"/> Computer literate <input type="checkbox"/> Communication skills <input type="checkbox"/> Customer relation skills <input type="checkbox"/> Negotiation skills <input type="checkbox"/> Microsoft Word <input type="checkbox"/> Microsoft PowerPoint <input type="checkbox"/> Microsoft Access <input type="checkbox"/> Microsoft Excel <input type="checkbox"/> Keyboarding skills <input type="checkbox"/> Ability to use and care for general office equipment <input type="checkbox"/> Modern office practices <input type="checkbox"/> Ability to operate a multi-line switchboard <input type="checkbox"/> Problem solving skills <input type="checkbox"/> Estimating skills <input type="checkbox"/> Training skills <input type="checkbox"/> Trouble-shooting skills <input type="checkbox"/> Interpersonal skills <input type="checkbox"/> Interviewing skills <input type="checkbox"/> Selling skills <input type="checkbox"/> Leadership skills <input type="checkbox"/> Knowledge of government regulations (FAR's, etc.) <input type="checkbox"/> Contractual or legal language skills <input type="checkbox"/> Knowledge of statistical techniques <input type="checkbox"/> ASQ certification</p>

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

NAME	ADDRESS and TELEPHONE NUMBER	BUSINESS	YEARS ACQUAINTED
1.			
2.			
3.			

In case of emergency notify:

Name	Address	Phone No.
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Please Read Carefully Before Signing This Form

1. All information contained in this application is true and correct to the best of my knowledge and belief. I understand that misrepresentations or omissions of any kind in this application or in any other manner may result in denial of employment or be cause for subsequent dismissal if I am hired.
2. I authorize the Company to investigate my responses on this application, and contact any or all of my former employers or any individuals familiar with me or my employment background for the purpose of verifying any information I have provided and/or for the purpose of obtaining any information, whether favorable or unfavorable, about my employment or me. I voluntarily and knowingly fully release and hold harmless any person or organization that provides information pertaining to my employment or me.
3. I understand that upon receiving a job offer, a physical examination and drug screening are required as a condition of my employment.
4. In consideration of my employment, I agree to conform to the policies and procedures of the Company. I understand that in accepting this application, the Company is in no way obligated to provide me with employment, and I am not obligated to accept employment if offered. Regardless of whether or not I become employed by the Company, I recognize that this application is not and should not be considered a contract of employment. I understand that employment at the Company is on an at-will basis. My employment may, regardless of the date of payment of my wages and salary, be terminated with or without cause, and with or without notice, at any time, unless specifically provided otherwise in a written employment contract. I further understand that no Company employee or representative has the authority to enter into a contract regarding duration or terms and conditions of employment other than an officer or official of the Company, and, then, only by means of a signed, written document.

Date _____ Signature of Applicant _____

By clicking on this check box I authorize that all of the above information is correct and that this check box will represent my signature of authorization.

EFCO, INC. DBA ERIE PRESS SYSTEMS
VOLUNTARY APPLICANT DATA RECORD
(Please Print)

DATE: _____ POSITION APPLIED FOR: _____

READ BEFORE COMPLETING FORM

Applicants are considered for all positions, and employees are treated during employment, without regard to race, color, creed, religion, sex, national origin, ancestry, age, marital or veteran status, physical or medical handicap or disability, or any other legally protected status.

As an employer and governmental contractor, we comply with government regulations, including affirmative action responsibilities where they apply.

YOUR COOPERATION IS VOLUNTARY. Solely to help us comply with government record keeping, reporting and other legal requirements, we request that you please fill out this Applicant Data Record. We appreciate your cooperation.

This data is for periodic government reporting and will be used in accordance with Title I of the Americans with Disabilities Act (ADA) and all other governing federal, state and local legislation and will be kept in a Confidential File separate from the Employment Application.

REFERRAL SOURCE (Check ONE of the following): _____ Newspaper Advertisement

____ GECAC ____ Walk-In ____ DOL BES Job Service (Career Link) ____ Friend/Relative

____ Placement/Temporary Agency (Please Specify): _____

____ School (Please Specify): _____

____ Other (Please Specify): _____

Name: _____ **Phone:** (____) _____
Last First Middle Area Code

Address: _____
Street City State Zip Code

Government agencies at times require periodic reports on sex and other protected status of applicants. This data is for analysis and possible affirmative action only. **SUBMISSION OF THE FOLLOWING INFORMATION IS VOLUNTARY.**

Check one: ____ Male ____ Female

Check one: ____ White ____ Black ____ American Indian/Alaskan Native ____ Asian
____ Native Hawaiian or Other Pacific Islander ____ Two Or More Races
____ Hispanic or Latino (White) ____ Hispanic or Latino (All other races than White)

Disabled/Veteran Classification(s)

- Disabled Person Vietnam Era Veteran Special Disabled Veteran (rated 30% or more)

Explanation of the Categories:

White: A person having origins in any of the original peoples of Europe, the Middle East, or North Africa.

Black: 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.

Asian: A person having origins in any of the original peoples of the Far East, Southeast Asian, or the Indian subcontinent including, - Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand, and Vietnam.

American Indian, or Alaskan Native: A person having origins in any of the original peoples of North and South America (including Central America), and who maintain tribal affiliation or community attachment.

Native Hawaiian or other Pacific Islander: A person having origins in any other peoples of Hawaii, Guam, Samoa, or other Pacific Island.

Two or More Races: All persons who identify with more than one of the above five races.

Disabled Individual: Federal regulations define a disabled person as one who (1) has a physical or mental impairment which substantially limits one or more of such person's major life activities, (2) has a history of such impairment, or (3) is regarded as having such an impairment.

Vietnam ERA Veteran: Federal regulations define a veteran of the Vietnam Era as one who (1) served on active duty for a period of more than 180 days, any part of which occurred between August 5, 1964, and May 7, 1975, and was discharged or released with other than a dishonorable discharge, or (2) was discharged or released from active duty for a service connected disability of any part of such active duty was performed between August 5, 1964, and May 7, 1975.

Special Disabled Veteran: Federal regulations define a special disabled veteran as one who (1) is entitled to compensation under laws administered by the Veteran's Administration for a disability rated 30% or more, or (2) was discharged or released from active duty because of a service-connected disability.

WE ARE AN EQUAL OPPORTUNITY EMPLOYER