

Employment Application



East Penn Mfg. Co.
Lyon Station, PA 19536-0147
Phone: 610-682-6361
Fax: 610-682-0594

EAST PENN MANUFACTURING is an equal opportunity employer and we do not unlawfully discriminate in employment. No question on this application is used for the purpose of limiting or excluding any applicant from consideration for employment on a basis prohibited by local, state, or federal law. Equal access to employment, services, and programs is available to all persons. Those applicants requiring reasonable accommodation to complete the application and/or interview process should notify the Personnel Department

PERSONAL INFORMATION

Full Name (Print): First: _____ Middle Initial: _____ Last: _____
Street Address: _____ Apt#: _____
City: _____ State: _____ Zip: _____
Number of years at above address: _____ Other States of Residence: _____
Primary Telephone No.: _____ Alternate Phone No.: _____
E-Mail Address: _____ Social Security No.: _____ - _____ - _____
Are you under 18 years of age? Yes No Do you have a legal right to work in U.S.? Yes No
Can you submit proof of legal employment authorization and identity? Yes No
Are you a veteran or have you ever served in any capacity in the military or reserves? Yes No
If "yes," how many years? _____ Honorable discharge? Yes No
Do you have any relatives or friends who work for the company? Yes No If "yes," list name and building: _____

WORK INTEREST / AVAILABILITY

Type of Employment applying for: Full-time Part-time Seasonal Internship/Co-op Desired Salary or Hourly Rate: _____
Category(ies) of Interest: Production Industrial Maintenance Administrative Engineering Sales CDL Driver Diesel Mechanic
 Other (specify): _____
Shifts available to work: 1st 2nd 3rd Weekend Shift (4-10 hour days) Willing to work any shift
Willing and available to work regular overtime, including weekends? Yes No Do you have daily transportation to work? Yes No
Have you ever worked for EAST PENN as a regular or temporary employee? Yes No
If "yes," years of employment/reason for leaving: _____
East Penn's work environment may involve the following conditions, tasks, and protective safety practices. The company has strong health and safety protections and the appropriate personal protective equipment is provided, as required for specific jobs. **Mark all that you are comfortable working with:**
 Wearing a respirator Showering at end of shift Dust or fumes from manufacturing Shaving facial hair Lifting up to 50 lbs.
 Lead Acid

EDUCATION / TRAINING

Do you have a High School diploma? Yes No Still Attending If "no," do you have a GED? Yes No
School: _____ Location: _____
Did you attend VoTech/Trade School? Yes No Still Attending If "yes," do you have a certificate? Yes No
School: _____ Location: _____
Area of Study: _____
Did you attend college or university? Yes No Still Attending If "yes," do you have a diploma? Yes No
School: _____ Location: _____
Degree/Major: _____
Do you have a PA Careerlink WorkKeys certificate? Yes No

WORK EXPERIENCE

Company Name, Address & Phone	Dates	Position & Supervisor	Duties	Reason for Leaving
1. _____ _____ Phone #: _____	From: _____ _____ To: _____			
2. _____ _____ Phone #: _____	From: _____ _____ To: _____			
3. _____ _____ Phone #: _____	From: _____ _____ To: _____			

SKILLS / CERTIFICATIONS / LICENSES

Please mark all items that apply to you: Word Excel Power Point Internet CAD (Specify): _____

Auto Mechanic Diesel Mechanic CDL A CDL B Hazmat Material Handling Equipment (Forklift, Electric Pallet Jack, etc.)

Machine Operator Machine Set Up Machine Maintenance Machinist Proper Lifting First Responder

CPR/First Aid Quality Control 1st Piece Inspection Six Sigma Lean Manufacturing

VOLUNTEER WORK

Have you ever performed any volunteer work? Yes No If "yes," list the organizations:

Organization	Dates	Duties
1. _____	From: _____ _____ To: _____	
2. _____	From: _____ _____ To: _____	

PROFESSIONAL REFERENCES

Name: _____ Business: _____

Address: _____ Phone: _____

Name: _____ Business: _____

Address: _____ Phone: _____

PRE-EMPLOYMENT DRUG SCREENING/INTRODUCTORY PERIOD

EAST PENN is committed to providing a drug-free workplace. All applicants who receive a conditional offer of employment will be required to undergo a pre-employment drug screening. This includes co-op, seasonal, part-time and temporary employees (including those employed through an outside service or agency). A positive test may result in the withdrawal of the conditional offer of employment. Applicants who (1) receive a conditional offer of employment for a production, maintenance or warehouse job, or a conditional offer of employment for any other job designated as safety-sensitive, and (2) are using legally prescribed medications that have the potential to impair the applicant's fitness for duty, or (3) are a medical marijuana user, must disclose any such medications or medical marijuana use to the Medical Department prior to taking the test in order to assess the applicant's ability to safely perform the essential functions of the applicant's assigned job.

All newly hired and rehired employees enter an Introductory Period for the first 180 calendar days after their most recent date of hire. Employees in their Introductory Period and any extensions are subject to EAST PENN'S Fitness for Duty Policy, which includes random drug and alcohol testing for employees in their Introductory Period. An employee who has a confirmed positive test result or fails to comply with the testing process during his/her Introductory Period may be terminated from employment with EAST PENN. I have read, understand, and acknowledge that if I accept an offer of employment from EAST PENN I will be subject to and submit to random drug and alcohol testing during my Introductory Period.

Date: _____ Signature: _____
(Typing your name above acts as your signature)

SPECIAL NOTICE TO APPLICANTS IN CERTAIN STATES

Maryland applicants: Under Maryland law, an employer may not require or demand, as a condition of employment, prospective employment, or continued employment, that an individual submit to or take a lie detector or similar test. An employer who violates this law is guilty of a misdemeanor and subject to a fine not exceeding \$100.

Signature of Maryland Applicant: _____
(Typing your name above acts as your signature)

Massachusetts applicants: It is unlawful in Massachusetts to require or administer a lie detector test as a condition of employment or continued employment. An employer who violates this law shall be subject to criminal penalties and civil liability.

New York applicants: The Company does not discriminate against persons previously convicted of one or more criminal offenses. In reviewing a criminal conviction, the Company will consider: (1) the specific duties and responsibilities for the position sought; (2) the bearing, if any, the offense will have on the applicant's fitness or ability to perform the duties of the position; (3) the time which has elapsed since the occurrence of the offense; (4) the age at the time the offense was committed; (5) the seriousness of the offense; and (6) any information provided by the applicant regarding his/her rehabilitation and good conduct.

Rhode Island applicants: The Company abides by Rhode Island Workers Compensation laws, Title 28, Chapters 29-38 and by the Public Health & Safety Workplace Act that prohibits smoking in the workplace.

Tennessee applicants: The Company is a smoke-free workplace in compliance with the Non-Smoker Protection Act; Tennessee Code annotated 39-17-1801-1810. In accordance with that law and company policy, smoking is prohibited in enclosed areas of company property.

AUTHORIZATION

I authorize investigation of all matters contained in this application and agree that if, in the judgement of EAST PENN, any misrepresentation has been made by me herein or the results of such investigation are not satisfactory, any offer of employment made by EAST PENN may be terminated immediately without any obligation or liability to me other than for payment, at the rate agreed upon, for services actually rendered if I have been employed.

I hereby give EAST PENN the right to make a thorough investigation of my past employment, education and activities and I release from all liability all persons, companies and corporations supplying such information. I indemnify EAST PENN against any liability which might result from making such investigation. I understand that any false answer or statements or implications made by me in this application or other documents required by EAST PENN shall be considered sufficient cause for denial of employment or discharge. I authorize my previous employers to release all information concerning my employment with them.

In consideration of employment, I agree to conform with the rules and regulations of EAST PENN and my employment and compensation can be terminated, with or without cause, and with or without notice, at any time, at the option of either EAST PENN or myself.

Date: _____ Signature: _____
(Typing your name above acts as your signature)

BACKGROUND INFORMATION AUTHORIZATION

Full Name: Last: _____ First: _____ Middle: _____

Any Former Names (Alias, Maiden): _____

Social Security No: _____ - _____ - _____

Current Address: _____

City: _____ State: _____ Zip: _____

Former Address: _____

City: _____ State: _____ Zip: _____

Former Address: _____

City: _____ State: _____ Zip: _____

In connection with my application for employment (including contract for services) with you, I understand at a later stage of the hiring process applicants will be required to disclose convictions (with certain exceptions) and a criminal history check will be conducted. I understand that investigative background inquiries are to be made on myself including: criminal, motor vehicle driving record and other reports. These reports will include information as to my character, work habits, performance and experience along with reasons for termination of past employment from previous employers. Further, I understand that you will be requesting information from various federal, state and other agencies which maintain records concerning my past activities relating to my education, driving, criminal, and civil and other experiences as well as claims involving me in the files of insurance companies.

I release from all liability or responsibility all persons, schools, companies, corporations or other entities supplying or collecting such information. I authorize without reservation any party or agency contacted by this company or other agencies acting on their behalf to furnish the above-mentioned information.

Date: _____ Signature: _____

(Typing your name above acts as your signature)



EASTPENN

Our Core Beliefs

People

- The heart of the company will always be our people
- We support each other which supports our common purpose
- The personal growth, mentorship and development of our people will remain our legacy and heritage
- Everyone's contributions are valuable and they play a respected role in growing our organization

Places

- A safe, clean and healthy workplace is imperative for all operations
- The company protects its environment and supports the community
- Reinvestment in equipment, capabilities and expansion is key to our continued growth

Principles

- Work should be rewarding, enjoyable and gratifying
- Integrity is the basis for everything we do
- Quality, innovation and continuous improvement are essential to our model of success

Affirmative Action Voluntary Applicant Survey



East Penn Mfg. Co.
Lyon Station, PA 19536-0147
Phone: 610-682-6361
Fax: 610-682-0594

Name: _____ Date: _____
(Typing your name above acts as your signature)

To further its commitment to Equal Opportunity Employment, East Penn Mfg. Co. is requesting that applicants voluntarily provide the following information. This information will be separated from the application before any decisions are made and will be used for statistical purposes only by authorized personnel. Your cooperation in providing this information is essential to the success of the East Penn's Affirmative Action Program.

Please answer all questions by checking the appropriate box.

Are you... Female Male

ETHNICITY *(Please check only one)*

Are you Hispanic or Latino.

- Yes, I am Hispanic or Latino** - A person of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin regardless of race.
- No, I am not Hispanic or Latino**

RACE *(Please check only one)*

IMPORTANT – only complete this section if you checked “No, I am not Hispanic or Latino” in the Ethnicity section above:

- White** - A person having origins in any of the original peoples of Europe, the Middle East or North Africa
- Black or African American** - A person having origins in any of the black racial groups of Africa
- Asian** - 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** - 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 of the people of Hawaii, Guam, Samoa, or other Pacific Islands.
- Two or more races** - All persons who identify with more than one of the above five.

Affirmative Action Voluntary Applicant Survey (cont.)

SELF-IDENTIFICATION OF DISABILITY

You are considered to have a disability if you have a physical or mental impairment or medical condition that substantially limits a major life activity, or if you have a history or record of such an impairment or medical condition.

Disabilities include, but not limited to:

- | | | |
|---------------------------------|----------------------------------|--|
| * Blindness | * Deafness | * Diabetes |
| * Epilepsy | * Autism | * Cerebral palsy |
| * HIV/AIDS | * Schizophrenia | * Muscular dystrophy |
| * Bipolar disorder | * Major depression | * Multiple sclerosis |
| * Intellectual disability | * Post-traumatic stress disorder | * Missing limbs or partially missing limbs |
| * Obsessive compulsive disorder | | * Impairments requiring a wheelchair |

Please check one of the boxes below.

- YES, I have a disability or previously had a disability**
- NO, I do not have a disability**
- I do not wish to answer**

VETERAN:

Check if the following is applicable to you.

Veteran - as defined under one or more of the following:

- *Served on active duty for a period of more the 180 days, and any part of which occurred between August 5, 1964 and May 7, 1975 and were discharged or released other than dishonorably; or*
 - *was discharged or released from active duty for a service connected disability if any part of the active duty was performed between August 5, 1964 and May 7, 1975 or*
 - *who served on active duty in the U.S. military, ground, naval, or air service during a war or in a campaign or expedition for which a campaign badge has been authorized (such as The Persian Gulf, El Salvador, Grenada, Lebanon, Panama, Southwest Asia, Haiti, Somalia & Bosnia) or*
 - *one who served on active duty in the U.S. military, ground, naval or air service during the one-year period beginning on the date of discharge or release from active duty (recently separated veteran)*
-

Please Tell Us How You Knew We Were Hiring

(please complete all that apply)



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Name: _____ **Date:** _____

Newspaper Ad

Reading Eagle The Morning Call Pottsville Republican Pottstown Mercury

Career Link

Berks County Lehigh Valley Pottsville Other Career Link _____

Online Advertising

East Penn Website Monster Indeed Facebook LinkedIn

Recruiting Event

Job Fair: _____ School Presentation: _____

College Career Fair: _____ EPM On-site Job Fair _____

Other _____

East Penn Referral

Employee Name _____

Temporary Staffing Agency

Gage Temp Star PeopleShare Champion HTSS

Other Agency _____
