# STEIN SEAL COMPANY

Engineering • Development • Manufacturing
P.O. Box 316 - Industrial Blvd., Kulpsville Pa 19443
Phone • 215-256-0607 ext. 261 Fax • 215-256-1064

HR Appl.Empl. Rev. 1/2022

# APPLICATION FOR EMPLOYMENT

WE ARE AN EQUAL OPPORTUNITY EMPLOYER. This organization is committed to the policy of equal employment opportunity in recruitment, hiring, career advancement, and all other personnel practices. Your job-related experience and other qualifications will be considered without illegal discrimination on grounds of race, color, religion, sex, national origin, age, or status as qualified handicapped or protected veteran status as defined by law. All information provided in this application will be treated confidentially and will be used to help assure the best use of your abilities if you are employed by us.

## PERSONAL INFORMATION

| | |
|---|---|
| LAST NAME | FIRST NAME MIDDLE |
| STREET ADDRESS | CELL PHONE NO. ( ) |
| CITY, STATE, ZIP | ARE YOU 18 YR. OF AGE OR OLDER? ☐YES ☐NO |
| CHECK IF YOU HAVE PREVIOUSLY: ☐ APPLIED FOR EMPLOYMENT WITH THIS COMPANY ☐BEEN EMPLOYED BY THIS COMPANY IF CHECKED, INDICATE DATE(S): | |
| CAN YOU SUBMIT VERIFICATION OF YOUR LEGAL RIGHT TO WORK AND REMAIN PERMANENTLY IN THE UNITED STATES? ☐ YES ☐ NO | |
| Email address: | |

## JOB PREFERENCE

| | | |
|---|---|---|
| POSITION APPLIED FOR | SALARY EXPECTED | ARE YOU ABLE TO WORK ANY SHIFT? ☐ YES ☐ NO SHIFT PREFERRED: from _____ to _____ |
| REFERRAL SOURCE: ☐ AD IN _____ ☐ PA JOB SERVICE ☐ INTERNET ☐ EMPLOYMENT AGENCY ☐EMPLOYEE – NAME: ☐ SCHOOL/ORG. ☐WALK-IN ☐ OTHER: | | |
| DO YOU WANT TO WORK ☐ FULL-TIME ☐ PART-TIME ☐ TEMPORARY IF PART-TIME OR TEMPORARY, SPECIFY DAYS, HOURS, OR TIME PERIOD: | | |
| ARE YOU AVAILABLE TO WORK OVERTIME? ☐ YES ☐ NO WHEN COULD YOU START WORK? | | |
| INDICATE EQUIPMENT OR MACHINERY YOU CAN OPERATE AND/OR SET-UP: | | |
| INDICATE ANY SPECIAL SKILLS YOU HAVE WHICH WOULD QUALIFY YOU FOR THE JOB YOU ARE APPLYING FOR: | | |
| INDICATE COMPUTER EXPERIENCE : | | |
| IF YOU HAVE EVER BEEN SUSPENDED OR DISCHARGED FROM A JOB OR THERE HAVE BEEN PERIODS OF TIME BETWEEN POSITIONS DURING WHICH YOU HAVE NOT BEEN EMPLOYED, EXPLAIN THE CIRCUMSTANCES IN THIS SPACE. | | |
| Are you currently subject to recall from layoff from any other company? ☐ Yes ☐ No If yes, what is the company's name? | | |

## EDUCATION

| SCHOOL | NAME & LOCATION OF SCHOOL | COURSE OF STUDY | NO. OF YEARS COMPLETED | DID YOU GRADUATE? | DIPLOMA OR TYPE OF DEGREE |
|---|---|---|---|---|---|
| VOCATIONAL / HIGH SCHOOL | | | | | |
| SPECIAL TRAINING RELATED TO JOB APPLYING FOR | | | | | |
| COLLEGE (BA or BS PROGRAM) | | | | | |

## EMPLOYMENT

PLEASE GIVE ACCURATE FULL-TIME AND PART-TIME EMPLOYMENT RECORD. START WITH YOUR PRESENT OR MOST RECENT EMPLOYER.

********** **THIS SECTION MUST BE COMPLETED** **********

| | |
|---|---|
| COMPANY NAME | TELEPHONE<br>( ) |
| ADDRESS | EMPLOYED (STATE MONTH & YEAR)<br>FROM TO SHIFT |
| NAME AND JOB TITLE OF SUPERVISOR | HOURLY / WEEKLY PAY<br>START LAST |
| JOB TITLE _____<br>JOB DUTIES _____ | REASON FOR LEAVING _____ |
| COMPANY NAME | TELEPHONE<br>( ) |
| ADDRESS | EMPLOYED (STATE MONTH & YEAR)<br>FROM TO SHIFT |
| NAME AND JOB TITLE OF SUPERVISOR | HOURLY / WEEKLY PAY<br>START LAST |
| JOB TITLE _____<br>JOB DUTIES _____ | REASON FOR LEAVING _____ |
| COMPANY NAME | TELEPHONE<br>( ) |
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| JOB TITLE _____<br>JOB DUTIES _____ | REASON FOR LEAVING _____ |

READ CAREFULLY BEFORE SIGNING: I certify that the statements contained herein (or on any accompanying resume) are true. I understand that any false, incomplete, significant omissions, or misleading statements made in this application or in any resume I have supplied may disqualify me from consideration for employment and may result in dismissal if discovered at a later date. I agree that an investigation of my background may be made through former employers and other references. I authorize former employers and other references to provide any accurate and current information they have about my background and I release all concerned from any liability in connection therewith. I understand that I may be physically examined and an offer of employment is dependent upon my ability to meet the physical requirements necessary to perform the duties of the job or position. I understand that I will be required to successfully pass a drug screening examination.

This application is current for three (3) months, at the conclusion of which time, if you have not heard from us and still wish to be considered for employment, it will be necessary for you to complete a new application in conjunction with a valid job that may be open at that time.

I understand that this employment application and any other Company documents do not create contracts of employment nor guarantee employment for any definite period of time. I understand that any oral or written statements to the contrary are hereby expressly disavowed and should not be relied upon by any prospective or existing employee. If employed, I understand that I have been hired at the will of the employer and my employment may be terminated with or without cause and with or without notice, at any time, by either the Company or myself.

_____ _____

Signature of Applicant Date

**CONFIDENTIAL**

## Employee EEO Self-Identification Form

## Notice – Completion of this form is voluntary.

We are an Affirmative Action, Equal Opportunity Employer. Our employment decisions are made without regard to race, color, religion, gender, national origin, age, disability, marital status, veteran or military status, or any other legally protected status. The purpose of this *Employee EEO Self-Identification Form* is to comply with federal government record-keeping and reporting requirements. Periodic reports are made to the government on the following information. The data you provide on this form will be kept confidential and used solely for analytical and reporting requirement purposes. This form is processed and maintained separately from your personnel file and is not used to make decisions about the terms and conditions of employment. Completion of this form is optional and voluntary. We appreciate your assistance.

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1: Date Completed: _____

2. Employee Name: _____

3. Position Title: _____

4. Social Security Number: Last 4 Digits: _____

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**What is your Gender?** ☐ Male ☐ Female ☐ I choose not to self-identify

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**Ethnicity** (check, if applicable):

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

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**Race** (check one):

☐American Indian or Alaskan Native – A person having origins in any of the original peoples of North or South America (including Central America) who maintains cultural identification through tribal affiliation or community attachment.

☐Asian – A person having origins in any of the original peoples of the Far East, Southeast Asia, the Indian Subcontinent, including for example, Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand, Vietnam.

☐Black or African American – A person having origins in any of the Black racial groups in Africa.

☐Native Hawaiian or other Pacific Islander - A person having origins in any of the peoples of Hawaii, Guam, Samoa, or other Pacific Islands.

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

☐Two or more races – All persons who identify with more than one of the above races.

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**Veteran Status** (check any that apply):

☐Disabled Veteran – A veteran who is entitled to compensation (or who but for the receipt of military retired pay would be entitled to compensation) under laws administered by the Secretary of Veterans Affairs, or was discharged or released from active duty because of a service-connected disability.

☐Recently Separated Veteran – Any veteran during the three-year period beginning on the date of such veteran's discharge or release from active duty.

☐Other Protected Veteran – Any person who served on active duty during a war or in a campaign or expedition for which a campaign badge has been authorized, under laws administered by the Department of Defense.

☐Armed Forces Service Medal Veteran – Any person who, while serving on active duty in the Armed Forces, participated in a United States military operation for which an Armed Forces service medal was awarded pursuant to Executive Order 12985.

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**I affirm that I have truthfully answered all of the questions above.**

Signature of Employee: _____ Date: _____

☐Bissinger & Stein ☐Stein Seal ☐Stein Seal Industrial