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(215) 735-3479

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(864) 845-4929

Indianapolis Division
10401 E 59th Street
Indianapolis, IN 46236
(317) 823-5300

Mississippi Division
8680 Stanton Road
Southaven, MS 38671
662) 393-3010

Nebraska Division
2073 N Rademakers Way
Fremont, NE 68025
(402) 753-9290

Idaho Division
4002 Skyway Street
Caldwell, ID 83605
(208) 402-2125

EMPLOYMENT APPLICATION - PENNSYLVANIA

INSTRUCTIONS: Southwark Metal Mfg. Co. is an Equal Opportunity Employer. Complete all the necessary information. You may be required to complete other forms and/or provide other information upon employment.

PLEASE PRINT

TODAY'S DATE: _____ POSITION APPLIED FOR: _____

NAME: _____ SOCIAL SECURITY #: _____

ADDRESS: _____

(If less than three (3) years, please list previous address on separate sheet).

CITY: _____ STATE: _____ ZIP CODE: _____

TELEPHONE #: (____) _____

HAVE YOU WORKED FOR SOUTHWARK METAL BEFORE? YES NO

WHEN: _____ LOCATION: _____

DO YOU HAVE ANY FRIENDS/RELATIVES WORKING FOR SOUTHWARK METAL CURRENTLY?

YES NO

IF SO, PLEASE LIST THEIR NAMES: _____

CAN YOU WORK WHEN NEEDED? ANY SHIFT? YES NO
OVERTIME? YES NO NO WEEKENDS? YES NO

EXPLAIN: _____

CAN YOU PERFORM THE ESSENTIAL FUNCTIONS OF THE POSITION FOR WHICH YOU ARE APPLYING?

YES NO

EXPLAIN

DATE AVAILABLE TO START: _____

SALARY or HOURLY RATE REQUESTED: _____

IF YOU ARE UNDER THE AGE OF 18, DO YOU HAVE EMPLOYMENT/AGE CERTIFICATES?

YES NO

ARE YOU A UNITED STATES CITIZEN, OR OTHERWISE AUTHORIZED TO WORK IN THE UNITED STATES ON AN UNRESTRICTED BASIS? YES NO

EDUCATION

HIGH SCHOOL: _____

ADDRESS: _____

DATES ATTENDED: _____ to _____ GRADUATE? ___ YES ___ NO

DEGREE / MAJOR: _____

COLLEGE/TRADE SCHOOL: _____

ADDRESS: _____

DATES ATTENDED: _____ to _____ GRADUATE? ___ YES ___ NO

DEGREE / MAJOR: _____

GRADUATE SCHOOL: _____

ADDRESS: _____

DATES ATTENDED: _____ to _____ GRADUATE? ___ YES ___ NO

DEGREE / MAJOR: _____

SPECIAL SKILLS or TRAINING:

PLEASE SUMMARIZE ANY SKILLS OR TRAINING YOU MAY POSSESS:

MILITARY HISTORY

ANY PREVIOUS MILITARY EXPERIENCE? ___ YES ___ NO

IF YES, PLEASE LIST DETAILS: (Rank, Branch, Military Specialty, Date of Discharge):

***NOTE -A dishonorable discharge will not constitute an automatic bar to employment.**

EMPLOYMENT HISTORY: Starting with your last employer first, please complete the following:

1.) EMPLOYER NAME & ADDRESS:

TELEPHONE # : _____ HOURLY RATE/SALARY: _____

LENGTH OF SERVICE: _____ to _____ JOB TITLE: _____

RESPONSIBILITIES: _____

REASON FOR LEAVING: _____ SUPERVISOR: _____

MAY WE CONTACT THIS EMPLOYER? ___ YES ___ NO

IF NOT, EXPLAIN: _____

2.) EMPLOYER NAME & ADDRESS:

TELEPHONE # : _____ HOURLY RATE/SALARY: _____

LENGTH OF SERVICE: _____ to _____ JOB TITLE: _____

RESPONSIBILITIES: _____

REASON FOR LEAVING: _____ SUPERVISOR: _____

MAY WE CONTACT THIS EMPLOYER? ___ YES ___ NO ___

IF NOT, EXPLAIN: _____

3.) EMPLOYER NAME & ADDRESS:

TELEPHONE # : _____ HOURLY RATE/SALARY: _____

LENGTH OF SERVICE: _____ to _____ JOB TITLE: _____

RESPONSIBILITIES: _____

REASON FOR LEAVING: _____ SUPERVISOR: _____

MAY WE CONTACT THIS EMPLOYER? ___ YES ___ NO ___

IF NOT, EXPLAIN: _____

EMPLOYMENT ACKNOWLEDGEMENT

Please read & sign the following:

Southwark Metal Mfg. Co. Is an equal opportunity employer, and all employment decisions are made without regard to race, color, religion, sex, national origin, age, veteran status, disability, union affiliation (if any), or any other categories protected by federal, state, or local law. No question on this application is intended to secure information to be used for such discrimination.

I consent to take the physical examination and drug/alcohol screen, and any future physical examinations and drug/alcohol screens, as Southwark Metal Mfg. Co. may designate. I understand that an offer of employment may be contingent on passing the physical examination and drug/alcohol screens which relates to the essential duties I would be required to perform.

I authorize Southwark Metal Mfg. Co. to fully investigate my work record and qualifications either before or after my employment. I hereby authorize all previous employers and educational institutions to release, to Southwark Metal Mfg. Co., any information it may request. I certify that all statements made by me on this application are true and correct to the best of my knowledge, and are a full and complete disclosure. I further agree that if employed, any misrepresentation, falsification, or omission of facts shall justify my dismissal. I understand and agree that all products and results of work I perform in the course of my employment shall be the sole property of Southwark Metal Mfg. Co.

I will be required to complete an EMPLOYMENT VERIFICATION FORM (I9) and within three (3) days show satisfactory evidence of identity and eligibility for employment.

This certifies that this application was completed by me and that all entries on it and information in it are true and complete to the best of my knowledge.

APPLICANT'S SIGNATURE

DATE