PLEASE PRINT

Gehman's Application for Employment

Date:

Gehman Iron, Inc.

314 S. Water St.
Knoxville, PA 16928
814-326-4150

Position(s) Sought

General Information

Last Name	First Name	Middle Name	Social Security Number
			- -

Address	Box No. Street City State Zip Code		Tel. ( ) E-mail
Permanent Address (if different from above)	Box No. Street City State Zip Code		Tel. ( ) E-mail

Are you legally eligible to accept employment in the United States?
Yes ☐ No ☐

When are you available to start work?

Have you ever been convicted of a felony?
Yes ☐ No ☐

Have you ever filed an application with us before?
Yes ☐ No ☐

Education

High School and College or other institutions attended. Begin with most recent.	Course of Study	Years Completed	Degree/Diploma/ Certificate

Describe below any specialized training, apprenticeship, or skills relevant to the position(s) sought.

Character References

Please include 3 personal references as to your character. These cannot be relatives.

1.
Name: **Telephone:**

Address:

2.
Name: **Telephone:**

Address

3.
Name: **Telephone:**

Address

APPLICANT"S STATEMENT

I certify that answers given herein are true and complete to the best of my knowledge.

I authorize investigation of all statements contained in this application for employment as may be necessary in arriving at an employment decision.

This application for employment shall be considered active for a period of time not to exceed 45 days. Any applicant wishing to be considered for employment beyond this time period should inquire as to whether or not applications are being accepted at that time.

I hereby understand and acknowledge that, unless otherwise defined by applicable law, any employment relationship with this organization is of an "*at will*" nature, which means that the Employee may resign at any time and the Employer may discharge Employee at any time with or without cause. It is further understood that this "*at will*" employment relationship may not be changed by any written document or by conduct unless such change is specifically acknowledge in writing by an authorized executive of this organization.

In the event of employment, I understand that false or misleading information given in my application or interview(s) may result in discharge. I understand, also, that I am required to abide by all rules and regulations of the employer.

_____ _____
Signature of Applicant Date

***Important - After you finish filling out the form, please PRINT TO PDF, or SAVE AS PDF with your Name and "Gehman application.pdf" as the file name. If you don't, it won't save and you'll have to fill it out again. When you have it saved, please email it to mike.roberts@gehmaniron.com ***

Employer Telephone Number(s) Address City State Work Performed: Reason for leaving:	Dates Employed: From: To: Hourly Rate / Salary: Starting: /Year Final: /Year Supervisor:
Employer Telephone Number(s) Address City State Work Performed: Reason for leaving:	Dates Employed: From: To: Hourly Rate / Salary: Starting: /Year Final: /Year **Supervisor:**
Employer Telephone Number(s) Address City State Work Performed: Reason for leaving:	Dates Employed: From: To: Hourly Rate / Salary: Starting: /Year Final: /Year **Supervisor:**
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