



Application for Employment

Berks Products is an equal opportunity employer. It is our policy to make all employment decisions without regard to age, race, color, religion, national origin, sex, disability, veteran status, marital status or any other protected status in accordance with local, state or federal law.

Initials _____	
<input type="checkbox"/> ARM	<input type="checkbox"/> KBM
<input type="checkbox"/> GRM	<input type="checkbox"/> OBM
<input type="checkbox"/> ORM	<input type="checkbox"/> BB
<input type="checkbox"/> NRM	

Personal Information

Today's Date		Name (First, Middle, Last)		Date available for work?	
Street Address				If hired can you provide proof of right to legally work in the USA? <input type="checkbox"/> Yes <input type="checkbox"/> No	
City		State		Zip	
Home Phone Number		Cell Phone (optional)		Social Security Number	
Are you under 18 years of age? <input type="checkbox"/> Yes <input type="checkbox"/> No		Do you have a CDL license? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, list your classifications:			

Application Processing Information

Position(s) applied for:		Rate of pay desired?	
How did you learn of this job opening? <input type="checkbox"/> Newspaper <input type="checkbox"/> Radio <input type="checkbox"/> Berks Products website <input type="checkbox"/> Sign on Berks Products vehicle <input type="checkbox"/> Referred by someone <input type="checkbox"/> Other _____		Have you ever previously worked for Berks Products? <input type="checkbox"/> Yes <input type="checkbox"/> No	
List family or friends employed by Berks Products:			
Have you ever been convicted of a crime? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please explain. A criminal conviction will not necessarily prevent your employment consideration.			

Military Information

Have you ever served in the U.S. Armed Forces? <input type="checkbox"/> Yes <input type="checkbox"/> No Please list dates of duty and branch:		Are you currently a Reservist? <input type="checkbox"/> Yes <input type="checkbox"/> No	

Education

	Name and Location	Graduate?	Subject Studied or Degree Received
High School		<input type="checkbox"/> Yes <input type="checkbox"/> No	
College		<input type="checkbox"/> Yes <input type="checkbox"/> No	
Other		<input type="checkbox"/> Yes <input type="checkbox"/> No	

Employment History Start with your current or most recent job

Dates of employment From: To:		Company Name		
Rate of pay		Street Address		
Position held		City	State	Zip
Phone Number		Immediate Supervisor		
Reason for leaving				

Dates of employment From: To:		Company Name		
Rate of pay		Street Address		
Position held		City	State	Zip
Phone Number		Immediate Supervisor		
Reason for leaving				

Dates of employment From: To:		Company Name		
Rate of pay		Street Address		
Position held		City	State	Zip
Phone Number		Immediate Supervisor		
Reason for leaving				

I have read and completed all of the material and information contained in this Employment Application form. I verify that all of the information I have supplied is true and correct to the best of my knowledge, information and belief, and that I have not withheld any information requested. I understand that in the event that I am hired by Berks Products, and it is later determined that I made a material misrepresentation or failed to provide certain information requested, I may be subject to immediate discharge by the company. I authorize any former employer, person, firm, corporation or government agency to answer any and all questions and to release or provide any information within their knowledge or records and I agree to hold any and all of them blameless and free of liability for releasing any information that is within their knowledge or records (please check one) including my present employer or excluding my present employer. In consideration of my employment I understand the Company has rules and regulations that will govern my employment relationship. This application is not an employment contract.

Applicant's Signature

Date

I understand that the Company will require a urine sample to determine drug and alcohol contamination. I realize that a positive drug /alcohol test will disqualify me from employment. If an offer of employment is made, the company will require a physical evaluation to determine fitness for duty. I authorize you or another entity to make such investigations and inquiries of my employment, criminal history and other related matters as may be necessary in arriving at an employment decision. I hereby release employers, schools or individuals from all liability in responding to inquiries in connection with my employment.

Applicant's Signature

Date



Employment Application EEO Voluntary Self-Identification Form

Berks Products Corporation is an equal opportunity employer committed to providing career opportunities for all people, without regard to race, color, religion, sex, age, national origin, veteran status, or disability. The company seeks and employs the most highly qualified individual for each position.

We request your assistance in meeting Federal regulations by providing self-identification information. Providing this information is strictly voluntary on your part, and is not required to complete your application. The information obtained from this EEO self-identification form will be used solely for Equal Employment/Affirmative Action record keeping purposes. It will be kept confidential and maintained separately from your application for employment.

I. **Gender (Please check one)** Male Female

II. **Race/Ethnic Group (Please check one)**

Please identify yourself in one of the following seven categories. The categories listed below are those used by the U.S. Bureau of Census and the Department of Labor. These categories do not accommodate persons with a diverse ethnic background, so we ask that you choose only one.

- American Indian or Alaskan Native:** A person having origins in any of the original peoples of North America and South America (including Central America), and who maintain tribal affiliation or community attachment.
- 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.
- Black or African American:** A person having origins in any of the Black racial groups of Africa. Terms such as "Haitian" or "Negro" can be used in addition to "Black or African American."
- Native Hawaiian or other Pacific Islander:** A person having origins in any of the original 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.
- Hispanic or Latino (all races):** A person of Mexican, Puerto Rican, Cuban, Central or South American, or other Spanish culture or origin, regardless of race.
- Hispanic or Latino (White race only):** A person of Mexican, Puerto Rican, Cuban, Central or South American, or other Spanish culture or origin, and of the White race.
- Hispanic or Latino (all other races):** A person of Mexican, Puerto Rican, Cuban, Central or South American, or other Spanish culture or origin, and of any race other than White.
- Race missing or unknown:** Applies to applicants only, where a resume or application that is screened is received without any racial or ethnic identification and no further contact is made with the applicant.

III. **Veteran Status** Are you a veteran? Yes No Are you a veteran of the Vietnam era? Yes No

IV. **I prefer not to provide the information requested above.**

Date _____ / _____ / _____

Social Security Number _____ - _____ - _____

Position applied for _____

Name (please print) _____