EMPLOYMENT APPLICATION

JOIN THE PHILIPP MANUFACTURING TEAM

19 Ward Ave., Easthampton, MA 01027 | 413-527-4444

Philipp Manufacturing Company is an equal opportunity employer. All qualified applicants will receive consideration for employment without regard to race, color, religion, sex, national origin, age, disability or veteran status.

1. PERSONAL INFORMATION

Full Name: _____
Last First M.I.

Street Address: _____ Apt./Unit #: _____

City: _____ State: _____ Zip: _____

Phone: _____ Email: _____

Are you a citizen of the United States? ☐ Yes ☐ No

2. HEALTH INFORMATION

State Condition of your health: _____

How many days have you been unable to work during the past year because of illness or injury? _____

List any illness, injury or operations during the past 5 years:

_____

_____

3. POSITION INFORMATION

Position Desired: _____

Salary or Wages Expected: _____

Positions for which you are qualified: _____

_____

Date Available for Work: _____

4. EDUCATION

High School Attended: _____ Grade Completed: _____

College Attended: _____ Degree Received: _____

Business, Tech., Apprentice or Voc. School Attended: _____ Years Attended: _____

U.S. Military or Naval Service and Dates: _____

5. EMPLOYMENT HISTORY

List your last three (3) employers. Start with your most recent.

Employer Name: _____

Address: _____

Date Began: _____ Date Left: _____

Beginning Salary: _____ Ending Salary: _____

What were your duties? _____

_____

Reason for Leaving: _____

Employer Name: _____

Address: _____

Date Began: _____ Date Left: _____

Beginning Salary: _____ Ending Salary: _____

What were your duties? _____

_____

Reason for Leaving: _____

Employer Name: _____

Address: _____

Date Began: _____ Date Left: _____

Beginning Salary: _____ Ending Salary: _____

What were your duties? _____

_____

Reason for Leaving: _____

6. ADDITIONAL INFORMATION

List any steel work experience not given above: _____

May we contact your former employers? ☐ Yes ☐ No If No, Explain: _____

Is there any reason why you would not be available for reasonable over-time work? ☐ Yes ☐ No If Yes, Explain: _____

7. APPLICANT CERTIFICATION

I consent to taking the pre-employment physical examination and such future physical examinations as may be required by the Company. I agree to wear protective clothes or devices as required by the Company and to comply with the safety rules.

I agree that the entire contents of this application form, as well as the report of any such examination may be used by the Company in whatever manner it may wish.

I further understand that any false answers or statements made by me on this application or any supplement thereto, will be sufficient grounds for immediate discharge.

Applicant's Signature: _____ Date: _____