



HARRINGTON HOISTS INC.  
401 WEST END AVENUE  
MANHEIM PA 17545

## EMPLOYMENT APPLICATION

### PERSONAL

NAME: \_\_\_\_\_ Date: \_\_\_\_\_  
Last First MI

ADDRESS: \_\_\_\_\_  
Number and Street City State Zip

BEST PHONE NUMBER: \_\_\_\_\_ E-MAIL: \_\_\_\_\_

POSITION DESIRED: \_\_\_\_\_ DATE AVAILABLE: \_\_\_\_\_

Fulltime  Part-Time Salary Desired: \_\_\_\_\_ Last 4 digits of SS# \_\_\_\_\_

Are you over the age of 18?  Yes  No

Are you legally eligible to work in the United States?  Yes  No  
(Proof of identity and eligibility will be required.)

Do you have any relatives or friends who work for the Company?  Yes  No  
Who? \_\_\_\_\_

Days and Hours Available for Work: Monday thru Friday?  Yes  No  
Overtime? Including Weekends:  Yes  No  
First Shift – 6:00 A.M – 2:30 P.M.  Yes  No  
Second Shift – 2:30 P.M. – 1:00 A.M.  Yes  No

Are you presently employed ?  Yes  No  
May we contact your present employer?  Yes  No

Why are you considering leaving? \_\_\_\_\_

Other than traffic violations, have you ever been convicted of a crime?  Yes  No  
Please describe: \_\_\_\_\_

**EDUCATION AND TRAINING**

TYPE OF SCHOOL	NAME AND LOCATION OF SCHOOL	DEGREE OR CERTIFICATE		MAJOR AREA OF STUDY
		YES	NO	
High School		YES	NO	
Trade School		YES	NO	
Business/Tech School		YES	NO	
Colleges		YES	NO	
Other Training (explain)		YES	NO	

List any academic honors, special training, activities, etc. \_\_\_\_\_

**EMPLOYMENT AND TRAINING** – List last employer first including U.S. Military Service.

PRESENT/PREVIOUS EMPLOYERS		DATES (mo/yr) & SALARY		POSITION & DUTIES
Company Name:		From:	To:	Title/Primary Duties
Street Address		Salary - \$		May we contact this employer?      yes <input type="checkbox"/> no <input type="checkbox"/>
City and State	Zip	Telephone Number with Area Code		Name and Title of Supervisor
Reason for Leaving:				

PRESENT/PREVIOUS EMPLOYERS		DATES (mo/yr) & SALARY		POSITION & DUTIES
Company Name:		From:	To:	Title/Primary Duties
Street Address		Salary - \$		May we contact this employer?      yes <input type="checkbox"/> no <input type="checkbox"/>
City and State	Zip	Telephone Number with Area Code		Name and Title of Supervisor
Reason for Leaving:				

PRESENT/PREVIOUS EMPLOYERS		DATES (mo/yr) & SALARY	POSITION & DUTIES
Company Name:	From:	To:	Title/Primary Duties
Street Address	Salary - \$		May we contact this employer?      yes <input type="checkbox"/> no <input type="checkbox"/>
City and State	Zip	Telephone Number with Area Code	Name and Title of Supervisor
Reason for Leaving:			

PRESENT/PREVIOUS EMPLOYERS		DATES (mo/yr) & SALARY	POSITION & DUTIES
Company Name:	From:	To:	Title/Primary Duties
Street Address	Salary - \$		May we contact this employer?      yes <input type="checkbox"/> no <input type="checkbox"/>
City and State	Zip	Telephone Number with Area Code	Name and Title of Supervisor
Reason for Leaving:			

Explain any gaps in work history: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Have you ever been discharged or asked to resign from a job:  Yes  No  
 If yes, please explain: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**REFERENCES:** Please provide professional references, rather than personal references.

Name:	Address:	Phone:
Company:		

Name:	Address:	Phone:
Company:		

Name:	Address:	Phone:
Company:		

**E.E.O.** – All qualified applicants will receive consideration for positions without regard to race, color, religion, age, sex, sexual orientation, marital status and individuals with disabilities.

**EMPLOYMENT AT WILL POLICY** – By signing your name below, you understand that nothing contained in this application or in the interview process is intended to create an employment contract between Harrington Hoists, Inc. and you. Should this application result in your employment, you have the right to terminate your employment at any time and for any reason and the Company retains a similar right. You further understand that this entire statement applies to the period prior to or after you may be employed.

**NOTICE OF TESTING POLICY** – I understand that any offer of employment with Harrington is contingent upon my passing the required drug screen.

**APPLICANT STATEMENT** – I have answered all questions to the best of my ability. If employed, I realize false information will be grounds for dismissal. I authorize any necessary inquires as to my character, reputation, and ability. I release those supplying any information from all liability.

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Signature

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Date

5-2013

Save this file to your computer then complete the form.  
Send To: [hr@harringtonhoists.com](mailto:hr@harringtonhoists.com)  
Fax To: 717-665-2861