

# Application for Employment

**STIEBEL ELTRON**

**Simply the Best**

Please fill in this application completely. It may be filled out as a PDF and emailed, or may be printed, filled out and mailed to us. Please use the contact information below when submitting your application.

**Employment contact information:**

employment@stiebel-eltron-usa.com

800.582.8423

413.247.3380

**Mailing address:**

Stiebel Eltron, Inc.

Attn: Human Resources

17 West Street

West Hatfield, MA 01088

**Fax number:**

413.247.3369

Attn: Human Resources

Applicants for employment are considered without regard to race, creed, color, religion, sex, sexual orientation, marital status, genetic information, national origin, age, and disability, military or veteran status, Vietnam Era Veteran, or being a member of the Reserves or National Guard. Also it is unlawful in Massachusetts to require or administer a lie detector test as a condition of employment or continued employment. An employer who violates this law shall be subject to criminal penalties and civil liability.

(Please Print)

Date of application \_\_\_\_\_

Position(s) applied for \_\_\_\_\_

Referral source:    Advertisement    Friend    Relative    Walk-in    Employment agency  
                         Online    Company website    Other: \_\_\_\_\_

Name \_\_\_\_\_  
  LAST    FIRST    MIDDLE

Address \_\_\_\_\_  
  NUMBER                          STREET    CITY/TOWN    STATE    ZIP CODE

Telephone (    ) \_\_\_\_\_ Cell phone (    ) \_\_\_\_\_

Are you under 18?    Yes    No

If employed and you are under 18, can you furnish a work permit?    Yes    No

Have you filed an application here before?    Yes    No    If yes, give date \_\_\_\_\_

Have you ever been employed here before?    Yes    No    If yes, give date \_\_\_\_\_

Are you employed now?    Yes    No

Can you perform the essential functions of the position for which you are applying with or without reasonable accommodation?    Yes    No

May we contact your present/previous employer?    Yes    No  
(Proof of authorization to work and of your identity will be required upon employment)

On what date would you be available for work? \_\_\_\_\_

Are you available to work?    Full time    Part time    Shift work    Temporary    Overtime

Are you on a lay-off and subject to recall?    Yes    No

Can you travel if a job requires it?    Yes    No

## Languages

Indicate what languages (including English) you speak, read, and/or write.

	Fluently	Good	Fair
Speak			
Read			
Write			

## References

Give name, address and telephone number of three references who are not related to you.

(previous employers preferred)

Name	Address	Phone Number

## Special Skills and Qualifications

Summarize special skills and qualifications acquired from employment or other experience

**Employment Experience** Start with your present or last job. You may elect to include military service assignments. Provide any verified work performed on a volunteer basis. You may exclude organization names which indicate race, creed, color, religion, sex, sexual orientation, marital status, results of genetic testing, national origin, age, disability, military status, status as a veteran, Vietnam Era Veteran, or being a member of the Reserves or National Guard.

Employer	Phone		Work performed:
Address	Fax		
City, State, Zip	Hourly Rate/Salary:		
Job Title	Starting	Final	
Supervisor	Dates Employed:		
Reason for leaving	Start date	End date	
Employer	Phone		Work performed:
Address	Fax		
City, State, Zip	Hourly Rate/Salary:		
Job Title	Starting	Final	
Supervisor	Dates Employed:		
Reason for leaving	Start date	End date	
Employer	Phone		Work performed:
Address	Fax		
City, State, Zip	Hourly Rate/Salary:		
Job Title	Starting	Final	
Supervisor	Dates Employed:		
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Employer	Phone		Work performed:
Address	Fax		
City, State, Zip	Hourly Rate/Salary:		
Job Title	Starting	Final	
Supervisor	Dates Employed:		
Reason for leaving	Start date	End date	

If you need additional space, please continue on a separate sheet of paper.

# Education

	Elementary	High School	College/University	Graduate/Professional
Name of school				
Years completed (please circle)	4 5 6 7 8	9 10 11 12	1 2 3 4	1 2 3 4
Diploma/Degree	X			
Describe course of study				
Describe specialized training, apprenticeship, skills, and extra-curricular activities				

## Honors Received:

It is my understanding that this employment application, or the granting of an oral interview, does not represent a contract of employment or a promise of future benefits by this company/organization. **I understand and agree that if hired, my employment will be at-will in nature and may be terminated, with or without cause, at any time, by either myself or my employer. I also understand that this written statement supersedes any and all oral representations made by agents or representatives of this company/organization.**

AGREEMENT: I certify that the information of on this application is true, complete and correct. I hereby authorize the investigation of my past employment, education and activities and I release from all liability all persons, companies and corporations supplying such information. I understand that false answers, statements or significant omissions made by me on this form shall be sufficient cause for denial of employment or discharge.

\_\_\_\_\_  
SIGNATURE OF APPLICANT

\_\_\_\_\_  
DATE

Electronic signature agreement:

You consent and agree that your use of a key pad, mouse or other device to select the "I Agree" checkbox, and type your full name into the signature field, or similar act/action constitutes your acceptance and agreement as if actually signed by you in writing. You understand and agree that your e-Signature, executed in conjunction with the electronic submission of your application shall be legally binding; that all information provided on this application is true, complete and correct; you hereby authorize the investigation of your past employment, education and activities; you release from all liability all persons, companies and corporations supplying such information; you understand that false answers, statements or significant omissions you make on this form shall be sufficient cause for denial of employment or discharge; shall all be considered authorized by you.

I Agree

### FOR HUMAN RESOURCES ONLY

Arrange interview?    Yes    No

Interviewer \_\_\_\_\_ Date \_\_\_\_\_

Employed    Yes    No    Date of employment \_\_\_\_\_

Job title \_\_\_\_\_ Hourly rate/salary \_\_\_\_\_ Department \_\_\_\_\_

By:

\_\_\_\_\_  
NAME AND TITLE

\_\_\_\_\_  
DATE