

# APPLICATION FOR EMPLOYMENT

Equal Employment Opportunity Employer

This application valid for \_\_\_\_\_ days.

Application not valid unless completed under supervision of authorized company representative.

Position(s) Applied For _____		Date of Application _____		
Last Name	First Name	Middle Initial		
Address (Number - Street)		City	State	Zip Code
Have you lived at this address for three years or more? Yes _____ No _____				
Previous Address _____				
Did you live at this address for three years or more? Yes _____ No _____				
Telephone Number(s) _____				
List other name(s) under which you attended school or were employed. _____				
How did you learn about us?				
_____ Advertisement		_____ Friend		_____ Walk-In
_____ Employment Agency		_____ Relative		_____ Other _____
If you are under 18 years of age, can you provide required proof of your eligibility to work? _____ Yes _____ No				
Note: Proof of citizenship or immigration status will be required upon employment. (An I-9 form must be completed.)				
Have you ever filed an application with us before? _____ Yes _____ No If Yes, give date _____				
Are you currently employed? _____ Yes _____ No				
May we contact your present employer? _____ Yes _____ No				
Are you currently on "lay-off" status and subject to recall? _____ Yes _____ No				
Have you ever been convicted of, or pled guilty or no contest to a misdemeanor or a felony such as fraud, embezzlement or misappropriation of funds, or false use of financial instruments, or of any other crime involving honesty? (An affirmative answer will not necessarily preclude employment.)				
_____ Yes _____ No				
If yes, give date, place, charge and disposition _____				
Note: A criminal background check may be conducted by the Pennsylvania State Police as required by Act 34. Employees may be required to complete Pennsylvania Child Abuse History Clearance forms as required by Act 151.				
Do you have any limitations regarding hours that you can work? _____ Yes _____ No If Yes, explain _____				
Do you have any travel restrictions? _____ Yes _____ No If Yes, list and explain them: _____				
Do you have transportation? _____ Yes _____ No				
Do you have any friends or relatives employed by this company? _____ Yes _____ No If Yes, List Name(s): _____				
When are you available for work? _____				

Do you have a current:

First Aid Certification \_\_\_\_\_ Yes \_\_\_\_\_ No      Expiration Date \_\_\_\_\_ Certifying Agency \_\_\_\_\_

CPR Certification \_\_\_\_\_ Yes \_\_\_\_\_ No      Expiration Date \_\_\_\_\_ Certifying Agency \_\_\_\_\_

OSHA 10 Hour Construction Safety Certification \_\_\_\_\_ Yes \_\_\_\_\_ No

### U.S. Military Service

Branch of Service \_\_\_\_\_ Length of Service \_\_\_\_\_ Rank/Rate At Discharge \_\_\_\_\_

Are you a member of the Armed Services Reserve? \_\_\_\_\_ Yes \_\_\_\_\_ No

**Note to Applicants: DO NOT ANSWER THIS QUESTION UNLESS YOU HAVE BEEN INFORMED ABOUT THE REQUIREMENTS OF THE JOB FOR WHICH YOU ARE APPLYING.**

Are you fully able, with or without reasonable accommodation, to perform the essential functions of the job for which you applied?

\_\_\_\_\_ Yes \_\_\_\_\_ No

Describe how you would perform the job with or without a reasonable accommodation \_\_\_\_\_

Do you have a current Driver's License? \_\_\_\_\_ Yes \_\_\_\_\_ No (State: \_\_\_\_\_ # \_\_\_\_\_ Class \_\_\_\_\_ Expiration Date: \_\_\_\_\_)

List all moving motor violations (other than parking) for the last 3 years \_\_\_\_\_

### Education

	Name & Address of School	Course of Study	Years Completed	Diploma/Degree
High School or GED				
College				
Trade School				
Apprenticeship				
Military				
Correspondence				
Other (Specify)				

**Employment Experience: (If you need additional space, please continue on a separate sheet of paper.)**

Start with your present or last job. Include all employment and be complete, including any job-related military service assignments and volunteer activities. You may exclude organizations which indicate age, race, color, religion, gender, national origin, disability or other protected status.

Name Of Employer		Address (City & State)		Area Code/Telephone
Date Started	Starting Salary/Wage	Starting Position	May We Call You At This Number? _____ Yes _____ No	
Date Stopped	Ending Salary/Wage	Position At Time of Leaving	May we contact your present employer prior to any employment offer? _____ Yes _____ No	
Name & Title Of Supervisor		Reason For Leaving		
Brief Description Of Your Responsibilities				
Name Of Employer		Address (City & State)		Area Code/Telephone
Date Started	Starting Salary/Wage	Starting Position		
Date Stopped	Ending Salary/Wage	Position At Time of Leaving		
Name & Title Of Supervisor		Reason For Leaving		
Brief Description Of Your Responsibilities				
Name Of Employer		Address (City & State)		Area Code/Telephone
Date Started	Starting Salary/Wage	Starting Position		
Date Stopped	Ending Salary/Wage	Position At Time of Leaving		
Name & Title Of Supervisor		Reason For Leaving		
Brief Description Of Your Responsibilities				
Name Of Employer		Address (City & State)		Area Code/Telephone
Date Started	Starting Salary/Wage	Starting Position		
Date Stopped	Ending Salary/Wage	Position At Time of Leaving		
Name & Title Of Supervisor		Reason For Leaving		
Brief Description Of Your Responsibilities				

Comments (including explanation of any gaps in employment): \_\_\_\_\_

List professional, trade, business civic activities and offices held. (You may exclude membership which would reveal gender, race, religion, national origin, age, ancestry, disability or other protected status) \_\_\_\_\_

#### References

Do not list relatives or employers.

Name	Address	Telephone

### Important Authorization and Understanding

1. **Completeness and accuracy of information.** I represent that all of the information now or hereafter given by me in support of my application for employment is true and complete. I understand, that if I am hired, any false or misleading information in support of my application may subject me to discharge at any time during the period of my employment.

2. **Authorization for release of information and release from liability.** I authorize you to verify any of the information given during the application process with appropriate individuals, companies, institutions, or agencies and I authorize them to release such information as you require, including my prior disciplinary employment record, without any obligation to give me written notice of disclosure. I hereby release you and them from any liability whatsoever as a result of such inquiries and disclosures. A photocopy or other electronic reproduction of this authorization/release is binding, and may be relied upon.

3. **Employment at will.** I understand that if I am employed, I will be an employee at will. This means that either the employer or the employee may terminate the employment relationship with or without cause at any time.

4. **No written, oral, or implied contracts.** I understand that any written Company documents, oral statements, or formal or informal policies are not to be construed as granting an express or implied employment contract and that I am not entitled to rely upon any such documents, statements or Company policies as stating employment terms. The employment relationship with the Company may be modified only in writing directed to me by the President of the Company.

5. **Benefits may be altered.** I understand that the Company at its option may change, delete, suspend, or discontinue any part or parts of its benefit program at any time without prior notice, both while persons are actively employed and while retired or otherwise separated from employment with the Company.

6. I understand that a test for drug and alcohol misuse may be required as part of the interview process, and I hereby authorize the release of test results to the Company. I hereby consent to the performance of such medical examination and testing. I waive all claims arising out of these procedures against the Company and those performing the examination and tests. I understand and consent that as a condition of continued employment, I will submit to drug and alcohol testing in the future. I authorize the release of any such subsequent testing to the Company and waive all claims against it or those performing the examination and tests. I understand that I will be subject to immediate termination for failing to submit to examination or testing.

7. If an employment relationship is established, I agree to wear or use all protective clothing or devices as may be required by the Company and to comply with all safety policies and procedures.

I acknowledge that I have read and understand the above statement in its entirety, and have had the opportunity to ask questions regarding any aspect of this application, and that I accept the above terms.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date