

APPLICATION FOR EMPLOYMENT

(ANSWER ALL QUESTIONS - PLEASE PRINT)

In compliance with Federal and State equal employment opportunity laws, qualified applicants are considered for all positions without regard to race, color, religion, sex, national origin, age, marital status, or the presence of a non-job related medical condition or handicap.

Date of Application:					
Position(s) Applied For:					
Referral Source: <input type="checkbox"/> Advertisement <input type="checkbox"/> Friend <input type="checkbox"/> Relative <input type="checkbox"/> Other:					
Name:					
		First	Middle	Last	
Address:					
		Street	City		State
Phone:	Work:	SS#		Date of Birth:	
Are you known to school/references by another name?		Yes <input type="checkbox"/>		No <input type="checkbox"/>	
If yes, by what name?					
Do you have a valid PA Drivers License?		Yes <input type="checkbox"/>	No <input type="checkbox"/>	Lic. #:	
Have you filed an application or been employed here before?			Yes <input type="checkbox"/> Date(s):		No <input type="checkbox"/>
Are you a Citizen of the United States?				Yes <input type="checkbox"/>	No <input type="checkbox"/>
If not, do you possess a current Alien Registration Card?				Yes <input type="checkbox"/>	No <input type="checkbox"/>
Do any of your Friends or Relatives work here:				Yes <input type="checkbox"/>	No <input type="checkbox"/>
If yes, list names:					
Are you? Under 18				Yes <input type="checkbox"/>	No <input type="checkbox"/>
Have you been convicted of a felony?				Yes <input type="checkbox"/>	No <input type="checkbox"/>
Have you been arrested or released from prison in the last 7 years?				Yes <input type="checkbox"/>	No <input type="checkbox"/>
If yes, describe in full, including date(s):					

EMPLOYMENT

Please give accurate, complete full-time and part-time employment record. Start with your present or most recent employer.

Company:		Employed From:	To:
Address:			Phone:
Name of Supervisor:		Weekly Pay Start:	Last
Job Title & Description:			

Reason for Leaving:

Company:	Employed From:	To:
Address:		Phone:
Name of Supervisor:	Weekly Pay Start:	Last
Job Title & Description:		
Reason for Leaving:		

Company:	Employed From:	To:
Address:		Phone:
Name of Supervisor:	Weekly Pay Start:	Last
Job Title & Description:		
Reason for Leaving:		

We may contact the employers listed above unless you indicate those you do not want us to contact.

Do not contact:	Employer:
Reason:	

Professional Reference

GIVE NAME, PHONE, E-MAIL, AND RELATIONSHIP OF 3 REFERENCES FROM PRIOR EMPLOYMENT:

	Name	Phone	E-Mail	Relationship
1				
2				
3				

Personal Reference

GIVE NAME, PHONE, E-MAIL, AND RELATIONSHIP OF 3 REFERENCES NOT RELATED TO YOU:

	Name	Phone	E-Mail	Relationship
1				
2				
3				

EDUCATION		
GRADUATE		
	Name & Location of School	Course of Study
No. of Years Completed:	Did you graduate? Yes <input type="checkbox"/> No <input type="checkbox"/>	
Degree or Diploma:		
COLLEGE		
	Name & Location of School	Course of Study
No. of Years Completed:	Did you graduate? Yes <input type="checkbox"/> No <input type="checkbox"/>	
Degree or Diploma:		
BUSINESS/TRADE/TECHNICAL		
	Name & Location of School	Course of Study
No. of Years Completed:	Did you graduate? Yes <input type="checkbox"/> No <input type="checkbox"/>	
Degree or Diploma:		
HIGH SCHOOL		
	Name & Location of School	Course of Study
No. of Years Completed:	Did you graduate? Yes <input type="checkbox"/> No <input type="checkbox"/>	
Degree or Diploma:		

NOTICE

This application is valid for 90 days and will be purged from our files after this time.

This company is an “at-will” employer and the Company has the right to terminate any employee without notice. This policy cannot be changed by anyone except the owner of the Company.

ACKNOWLEDGEMENT

The information provided in this Application for Employment is true, correct, and complete. If employed, any misstatement or omission of fact on this application may result in my dismissal.

I understand that acceptance of an offer of employment does not create a contractual obligation upon the employer to continue to employ me in the future.

If you decide to engage an investigative consumer reporting agency to report on my credit and personal history I authorize you to do so. If a report is obtained you must provide, at my request, the name of the agency so I may obtain from them the nature and substance of the information contained in the report.

DATE:	SIGNATURE:
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AN EQUAL EMPLOYMENT OPPORTUNITY EMPLOYER

FOR COMPANY USE ONLY:

CRIMINAL BACKGROUND CHECK DONE BY _____ ON ____/____/____