

APPLICATION FOR EMPLOYMENT

	Last Name	First	Middl	le	Date
-					
	Street Address				Home Telephone
					()
	City, State, Zip				Business Telephone
					()
	Have you ever applied for employi	nent with us?			Social Security #
P	☐ Yes ☐ No				
E	If yes: Month and YearL	ocation			
R	Position Desired				Pay Expected
S					
0	Apart from absence for religious o	bservance, are you available for full-ti	me work?		Will you work overtime if asked?
N	☐ Yes ☐ No If not, what hours	s can you work?	_		☐ Yes ☐ No
_					
A	Are you legally eligible for employe	ment in the United States?			When will you be available to begin work?
_	Have you been convicted of any or	imas in the past top years, excluding u	misdomoanors and		Have you ever been bonded?
	Have you been convicted of any crimes in the past ten years, excluding misdemeanors summary offenses, which have not been annulled, expunged or sealed by a court?				☐ Yes ☐ No
	☐ Yes ☐ No If "Yes"' describe	in full.			If "Yes", with what employers?
					co , mai macampio, cio.
	Other Special training or skills (lan	guages, machine operation, etc.)		•	

	School	Name and Location of School	Course of Study	No. of Years Completed	Did you Graduate?	Degree or Diploma
E	Graduate				☐ Yes	
D					□ No	
U	College				☐ Yes	
C					□No	
A	Business/Trade/				☐ Yes	
H	Technical				□ No	
Ö	High School				☐ Yes	
N	riigii Seriesi				□ No	
	Elementary				☐ Yes	
	2.553				□ No	

	EMPLOY	MENT HISTORY	present or most red	ent record. Start with your cent employer.	
	Company Name		Telephone		
	. ,		()		
	Address		Employed – (State n		
	Address			•	
			From	То	
1	Name of Supervisor	Weekly Pay			
•			Start	Last	
	State Job Title and Describe Your Work		D ()		
	State Job Title and Describe Your Work		Reason for leaving		
	Company Name		Telephone		
	Company Name		/ \		
			()		
	Address		Employed – (State n	nonth and Year)	
			From	То	
0	Name of Supervisor		Weekly Pay		
2	Name of Supervisor		Start	Last	
			Start	Last	
	State Job Title and Describe Your Work		Reason for leaving		
	Company Name		Telephone		
			()		
	Address		Employed – (State n	nonth and Vear)	
	Addiess		From	To	
				10	
3	Name of Supervisor		Weekly Pay		
•			Start	Last	
	State Job Title and Describe Your Work		Reason for leaving		
	State Job Title and Describe Todi Work		incason for leaving		
	Company Name		Telephone		
	Gempany name		/ \		
			\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \		
	Address		Employed – (State n	nonth and Year)	
			From	То	
1	Name of Supervisor		Weekly Pay		
4	•		Start	Last	
	State Job Title and Describe Your Work		Reason for leaving		
		DO NOT CONTACT			
	ay contact the employers listed above				
	you indicate those you do not want	Employer Number (s) Reason			
us to c	ontact.				
	MILITARY	Did you serve in the	If "Yes," in what Bran	ch?	
	WILLIANT	U.S. Armed Forces	,		
Descri	be any training received relevant to the p				

100 Brady Place ● New Stanton, PA 15672

Please give accurate, complete full-time and

Mem	Additional Information bership in Professional and civic organizations, special accomplishments, awards, etc. (Exclude those which may disclose your race, color, religion, age or national origin)
	Applicant's Signature
Please	read and understand this statement before signing your application:
False, incon	ormation I have provided in this Application for Employment is true, correct and complete. In plete or misrepresented information of any kind, will be sufficient cause for my to be rejected or, if discovered after I am employed, cause for immediate termination of ment.
educationa accuracy of interview. I have agains	ize the employer to contact and obtain information about me from previous employers, institutions and "references" I provided, and any other party necessary to verify the information I disclosed in this application, a related employment resume or a personal to assist in the processing of my Application, I waive all rights and claims I may otherwise at the employer or its representatives, for seeking, and using information to evaluate my at request and all other persons, corporations or organizations who provide information for each
	lication will expire in 30 days. After that date, unless otherwise notified, I understand that s an applicant will end.
the employ notice, unle employer, h	elication is not an employment agreement. If I accept an offer of employment I understand er may terminate my employment at any time, with or without cause and without prior ess required by law. I understand that no one, other than an executive officer of the has authority to enter into any employment agreement with terms contrary to the and then only in writing signed by such officer.
notice, unle employer, h foregoing a	ess required by law. I understand that no one, other than an executive officer of the has authority to enter into any employment agreement with terms contrary to the

Signature

Date