

Please Print

Application for Employment

Position(s) applied for _____ Date of application ____/____/____

Name _____
Last First Middle

Address _____
Street City State Zip Code

Telephone Number (____) _____ Social Security Number _____ - _____ - _____

Are you currently authorized to work in the United States?..... Yes No
 (Proof of U.S. Citizenship or immigration status will be require upon employment.)

When are you available to start work..... ____/____/____

Type of employment desired Full-Time Part-Time

Have you been convicted of a crime? Yes No
 (A conviction record will not necessarily disqualify you from employment.)

Do you possess a valid Pennsylvania Driver's license?..... Yes No

Educational Background

List the name of school, location of the school, years completed and major if applicable.

Type of School	Name of School	Location	Years Completed	Major
High School				
College				
Business Trade School/ Professional School				

Skills and Qualifications

Summarize any special training, skills, licenses, certificates and/or personal characteristics that are applicable to the position you are applying for:

References

List name and telephone number of three (3) business/work reference who are *not* related to you and are *not* previous supervisors. If not applicable, list three (3) school or personal references who are not related to you.

Name	Telephone	Years Known
	Area Code (____)	
	Area Code (____)	
	Area Code (____)	



Application for Employment *continued*
Employment History

Please list your work experience beginning with your most recent job held.
If you were self-employed, give firm name. Attach additional sheets if necessary.

Employer	Dates Employed		Summarize the nature of the work performed and job responsibilities:
	From	To	
Address			
Job Title	Hourly Rate/Salary		
	Starting		
Immediate Supervisor and Title	\$	Per	
Reason for Leaving (be specific)	Hourly Rate/Salary		
	Final		
May we contact for reference? <input type="checkbox"/> Yes <input type="checkbox"/> No Telephone ()	\$	Per	

Employer	Dates Employed		Summarize the nature of the work performed and job responsibilities:
	From	To	
Address			
Job Title	Hourly Rate/Salary		
	Starting		
Immediate Supervisor and Title	\$	Per	
Reason for Leaving (be specific)	Hourly Rate/Salary		
	Final		
May we contact for reference? <input type="checkbox"/> Yes <input type="checkbox"/> No Telephone ()	\$	Per	

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May we contact for reference? <input type="checkbox"/> Yes <input type="checkbox"/> No Telephone ()	\$	Per	

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Reason for Leaving (be specific)	Hourly Rate/Salary		
	Final		
May we contact for reference? <input type="checkbox"/> Yes <input type="checkbox"/> No Telephone ()	\$	Per	

May we contact your present employer?..... Yes No
Did you complete this application yourself?..... Yes No If not, who did?_____

Application for Employment *continued*

PLEASE READ CAREFULLY

I hereby authorize the potential employer to contact, obtain and verify the accuracy of information contained in this application from all previous employers, educational institutions, and references. I also hereby release from liability the potential employer and its representatives for seeking, gathering, and using such information to make employment decisions and all other persons or organizations for providing such information.

I understand that any misrepresentation or material omission made by me on this application will be sufficient cause for cancellation of this application or immediate termination of employment if I am employed, whenever it may be discovered.

If I am employed, I acknowledge that there is no specified length of employment and that this application does not constitute an agreement or contract for employment. Accordingly, either I or the employer can terminate the relationship at will, with or without cause, at any time, so long there is no violation of applicable federal or state law.

We are an equal employment opportunity employer. We adhere to a policy of making employment decisions without regard to race, color, religion, gender, sexual orientation, national origin, citizenship, age, height, weight, or disability. We assure you that your opportunity for employment with us depends solely on your qualifications.

Thank you for completing this application form and for your interest in our organization.

Signature of Applicant _____

Print _____

Date ____/____/____