

Application For Employment

We consider applicants for all positions without regard to race, color, religion, gender, national origin, age disability, marital status, or any other legally protected status. Applicants requiring accommodation in the application or hiring process should contact the Personnel Office.

(PLEASE PRINT)

Position(s) Applied For			Date of Application		
How Did you Learn About Us? <input type="checkbox"/> Advertisement <input type="checkbox"/> Employment Agency		<input type="checkbox"/> Friend <input type="checkbox"/> Relative		<input type="checkbox"/> Walk-In <input type="checkbox"/> Other _____	
Last Name		First Name		Middle Name	
Address	Number	Street	City	State	Zip Code
Telephone Number(s)					

If you are under 18 years of age, can you provide required proof of your eligibility to work?		<input type="checkbox"/> Yes	<input type="checkbox"/> No
Have you ever filed an application with us before?	If yes give date	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Have you ever been employed with us before?	If yes give date	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Are you currently employed?		<input type="checkbox"/> Yes	<input type="checkbox"/> No
May we contact your present employer?		<input type="checkbox"/> Yes	<input type="checkbox"/> No
Are you a U.S. citizen or otherwise lawfully authorized to be employed in this country?		<input type="checkbox"/> Yes	<input type="checkbox"/> No
Proof of citizenship or immigration status will be required upon employment			
On what date would you be available for work?	_____		
Are you available to work: <input type="checkbox"/> Full Time <input type="checkbox"/> Part Time <input type="checkbox"/> Shift Work <input type="checkbox"/> Temporary			
Are you currently on "lay-off" or furlough status and subject to recall?		<input type="checkbox"/> Yes	<input type="checkbox"/> No
Can you travel if a job requires it?		<input type="checkbox"/> Yes	<input type="checkbox"/> No
Are you able to work overtime hours (come out early for your shift, holding over after your shift, being called out, or being scheduled for overtime)?		<input type="checkbox"/> Yes	<input type="checkbox"/> No

If no, please explain: _____

WE ARE AN EQUAL OPPORTUNITY EMPLOYER

Are you able to work all shifts and all days of the week?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
If no, please explain: _____		
Have you been convicted of a felony or misdemeanor? Conviction will not necessarily disqualify an applicant from employment	<input type="checkbox"/> Yes	<input type="checkbox"/> No
If yes, please explain: _____		

Education

	Name and Address of School	Course of Study	Years Completed	Diploma Degree
Elementary School				
High School				
Undergraduate College				
Graduate Professional				
Other (Spec				

Indicate any foreign languages you can speak, read and/or write

	<u>FLUENT</u>	<u>GOOD</u>	<u>FAIR</u>
SPEAK			
READ			
WRITE			

Describe any specialized training, apprenticeship, skills and extracurricular activities.

Describe any job-related training received in the United States military.

Are you requesting consideration of Veteran's status? (Note: per decisions of Pennsylvania's Supreme Court preference for veteran's is limited to entry level employment)	<input type="checkbox"/> Yes	<input type="checkbox"/> No
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If you are, provide the following information:

Date of Discharge: _____ <input type="checkbox"/> Verification of Veteran's status may be required	Type of Discharge: _____
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Employment Experience

Start with your present or last job. Give the name(s) of your immediate supervisor(s). Include any job-related military service assignments and volunteer activities. You may exclude organizations which indicate race, color, religion, gender, national origin, disabilities or other protected status.

Employer		Dates Employed		Work Performed
		From	To	
Address				
Telephone Number(s)		Hourly Rate/Salary		
		Starting	Final	
Job Title	Supervisor			
Reason for Leaving				
Employer		Dates Employed		Work Performed
		From	To	
Address				
Telephone Number(s)		Hourly Rate/Salary		
		Starting	Final	
Job Title	Supervisor			
Reason for Leaving				
Employer		Dates Employed		Work Performed
		From	To	
Address				
Telephone Number(s)		Hourly Rate/Salary		
		Starting	Final	
Job Title	Supervisor			
Reason for Leaving				
Employer		Dates Employed		Work Performed
		From	To	
Address				
Telephone Number(s)		Hourly Rate/Salary		
		Starting	Final	
Job Title	Supervisor			
Reason for Leaving				
Employer		Dates Employed		Work Performed
		From	To	
Address				
Telephone Number(s)		Hourly Rate/Salary		
		Starting	Final	
Job Title	Supervisor			
Reason for Leaving				
If you need additional space, please continue on a separate sheet of paper.				
List professional, trade, business or civic activities and offices held.				
You may exclude membership which would reveal gender, race, religion, national origin, age, ancestry, disability or other protected status:				

Additional Information

Other Qualifications

Summarize special job-related skills and qualifications acquired from employment or other experience.

Specialized Skills

Check Skills/Equipment Operated

<input type="checkbox"/> CRT <input type="checkbox"/> PC <input type="checkbox"/> Calculator <input type="checkbox"/> Typewriter	<input type="checkbox"/> Fax <input type="checkbox"/> Lotus 1-2-3 <input type="checkbox"/> PBX System <input type="checkbox"/> Word Perfect	Production/Mobile Machinery (list): <hr/> <hr/> <hr/> <hr/>	Other (list)
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State any additional information you feel may be helpful to us in considering your application.

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

You are capable of performing in a reasonable manner, with or without a reasonable accommodation, the essential functions involved in the job or occupation for which you have applied?

_____ Yes _____ No

<p>You are capable of performing in a reasonable manner, with or without a reasonable accommodation, the essential functions involved in the job or occupation for which you have applied?</p> <p>_____ Yes _____ No</p>

Personal References

1.	_____ (_____) _____ <i>(Name)</i> <i>(Telephone)</i>
	_____ <i>(Address)</i>
2.	_____ (_____) _____ <i>(Name)</i> <i>(Telephone)</i>
	_____ <i>(Address)</i>
3.	_____ (_____) _____ <i>(Name)</i> <i>(Telephone)</i>
	_____ <i>(Address)</i>

Professional References

1.	_____ (_____) _____ <i>(Name)</i> <i>(Telephone)</i>
	_____ <i>(Address)</i>
2.	_____ (_____) _____ <i>(Name)</i> <i>(Telephone)</i>
	_____ <i>(Address)</i>
3.	_____ (_____) _____ <i>(Name)</i> <i>(Telephone)</i>
	_____ <i>(Address)</i>

Applicant's Statement

I certify that answers given herein are true and complete to the best of my knowledge.

I authorize investigation of all statements contained in this application for employment as may be necessary in arriving at an employment decision.

This application for employment shall be considered active for a period of time not to exceed **120** days. Any applicant wishing to be considered for employment beyond this time period should inquire as to whether or not applications are being accepted at that time.

I hereby understand and acknowledge that unless otherwise defined by applicable law or collective bargaining agreement, any employment relationship with this organization is of an “*at will*” nature, which means that the Employee may resign at any time and the Employer may discharge Employee at any time with or without cause. (The Employer does not discipline employees, including at-will employees, on the basis of race, color, religion, gender, national origin, age disability, marital status in retaliation for making an employment discrimination claim or utilizing statutorily protected or case law protected rights.)

In the event of employment, I understand that false or misleading information given in my application or interview(s) may result in discharge. I understand, also, that I am required to abide by all published and inherent rules and regulations of the employer.

Signature of Applicant

Date