



APPLICATION FOR EMPLOYMENT

Position you are Applying for: \_\_\_\_\_

Last Name	First Name	Middle Initial			
Current Mailing Address	Street	City	State	Zip Code	Phone Number
Permanent Address (if different from above)	Street	City	State	Zip Code	

Are you currently legally authorized to work within the United States? Yes  No   
(Proof of work authorization will be required prior to the commencement of employment.)

Have you ever been convicted of a felony or misdemeanor? Yes  No   
(Conviction of a crime will not necessarily disqualify an applicant from employment.)

If you are under 18 years of age, are you currently authorized to work within the Commonwealth of PA?  
 Yes  No   
(Proof of work authorization will be required of all individuals under 18 years of age prior to the commencement of employment.)

Do you have a valid/current driver's license? Yes  No   
 If yes, what class? \_\_\_\_\_ Any endorsements? \_\_\_\_\_ (if needed to perform essential functions of the job)

Days available (circle): Mon Tues Wed Thurs Fri Sat Sun  
 Times available: \_\_\_\_\_  
 Are you interested in? Full-time  Part-Time  Temporary  Summer  Other (specify)   
 Total hours available per week: \_\_\_\_\_ Date available to begin work: \_\_\_\_\_  
 Have you ever worked for this company before? Yes  No  If yes, dates \_\_\_\_\_  
 Required salary: \_\_\_\_\_

Highest Grade Completed	Post Secondary	Degree:
7 8 9 10 11 12	1 2 3 4	_____
Last School Name and Address: _____		
Other Education (specify): _____		

**SPECIALIZED SKILLS, CERTIFICATIONS, AND/OR OCCUPATIONAL LICENSES**

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Military**

Have you ever served in the U.S. Armed Forces? Yes  No  If yes, dates of service \_\_\_\_\_  
Active Duty  Guard  Reserves  If applicable, type of discharge: \_\_\_\_\_

**EMPLOYMENT EXPERIENCE**

Start with your present or most recent job. Include any job-related military service assignments and volunteer activities. You may exclude organizations that indicate race, color, religion, national origin, disabilities, or other protected status.

1. Dates Employed: From \_\_\_\_\_ To \_\_\_\_\_ Ending Wage \_\_\_\_\_  
Employer \_\_\_\_\_ City/Town \_\_\_\_\_ State \_\_\_\_\_  
Telephone Number \_\_\_\_\_ Supervisor \_\_\_\_\_  
Work Performed \_\_\_\_\_

Reason for leaving \_\_\_\_\_

2. Dates Employed: From \_\_\_\_\_ To \_\_\_\_\_ Ending Wage \_\_\_\_\_  
Employer \_\_\_\_\_ City/Town \_\_\_\_\_ State \_\_\_\_\_  
Telephone Number \_\_\_\_\_ Supervisor \_\_\_\_\_  
Work Performed \_\_\_\_\_

Reason for leaving \_\_\_\_\_

3. Dates Employed: From \_\_\_\_\_ To \_\_\_\_\_ Ending Wage \_\_\_\_\_  
Employer \_\_\_\_\_ City/Town \_\_\_\_\_ State \_\_\_\_\_  
Telephone Number \_\_\_\_\_ Supervisor \_\_\_\_\_  
Work Performed \_\_\_\_\_

Reason for leaving \_\_\_\_\_

**REFERENCES**

	Name & Address	Phone Number	Years Known
1.	_____	_____	_____
2.	_____	_____	_____
3.	_____	_____	_____

**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. I hereby understand and acknowledge that, unless otherwise defined by applicable law, 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 terminate Employee at any time with or without cause. It is further understood that this "at will" employment relationship may not be changed by any written document or by conduct unless such change is specifically acknowledged in writing by an authorized executive of this organization. I understand if I supply false information or omit information in this application or at any time in the hiring process, in writing or verbally, it may exclude me from employment or can be grounds for termination. I understand, also, that I am required to abide by all rules and regulations of the employer.

Signature of Applicant \_\_\_\_\_ Date \_\_\_\_\_