





EMPLOYMENT APPLICATION – Page 2

Please fill in all areas requested and sign the application. Applicants may be tested for illegal substances.

WORK EXPERIENCE

<b>Employer Name, Address &amp; Telephone</b>	Name of Supervisor	Employment Dates	Salary
	Position Title & Duties		

Reason for leaving (specifically)

<b>Employer Name, Address &amp; Telephone</b>	Name of Supervisor	Employment Dates	Salary
	Position Title & Duties		

Reason for leaving (specifically)

<b>Employer Name, Address &amp; Telephone</b>	Name of Supervisor	Employment Dates	Salary
	Position Title & Duties		

Reason for leaving (specifically)

May we contact your present & previous employers? Yes No

Did you complete this application yourself? Yes No If not, name of person who did \_\_\_\_\_

Have you ever been in the U.S. Armed Forces? Yes No  
If so, please list the branch, your dates of service, your rank and your duties

\_\_\_\_\_  
\_\_\_\_\_

If discharged from the U.S. Armed Forces, were you honorably discharged? Yes No If no, please explain.

\_\_\_\_\_



EMPLOYMENT APPLICATION – Page 3

Please fill in all areas requested and sign the application. Applicants may be tested for illegal substances.

REFERENCES

List the information for at least three (3) references for persons not related to you whom you have known for at least 1 year. These must be business/employment references from former supervisors/teachers or others in authority.

Table with 5 columns: Name, Phone Number, E-mail Address, Relationship, Job Title of Reference. Contains 4 empty rows for reference information.

DRIVER'S LICENSE INFORMATION

Do you have a current, valid driver's license? Yes No
Has your driver's license ever been suspended? Yes No If yes, please explain?

Table with 4 columns: Driver's License No., State Issued, Expiration Date, Class. Contains 1 empty row.

Do you currently have valid vehicle insurance? Yes No If yes, name of insurer
Policy number of insurer?
Have you had any motor vehicle accidents in the last three (3) years? Yes No
If the answer is yes, how many?
Please describe the circumstances and if you were cited as a result?

Have you had any moving violations in the last three (3) years? Yes No If yes, how many?

I certify that the facts contained in this employment application are true, complete and correct to the best of my knowledge. I understand that any false information, omission or misrepresentation may be cause for refusal to hire or termination, or if I have been employed by the Company, no matter on what date discovered by the Company, my employment may be terminated at the time such is discovered.

I authorize the Company to contact my references and any former employers to obtain information about myself and my character. I further authorize the Company to thoroughly investigate my background and perform background/criminal background or credit checks as necessary to obtain information regarding my employment history, my educational history, character, and any other necessary information in order to determine my suitability for employment with the Company. I authorize and agree that the Company may perform whatever drug testing is required for this position.

I understand and agree that nothing contained in this application, or conveyed during interview, is intended to create an employment contract, unless a contract is memorialized in writing and signed by all relevant parties. I understand and agree that, if hired, my employment is "at will" in accordance with the laws of Pennsylvania, without fixed term, and may be terminated at any time, with or without cause or prior notice, at the option of either myself or the company.

I understand that completing this form does not indicate that there is a position open and does not obligate the Company to hire. If hired, I agree to abide by all Company work rules, policies and procedures. The Company retains the right to revise it policies or procedures, in whole or in part, at any time.

DATE SIGNATURE OF APPLICANT