

APPLICATION FOR EMPLOYMENT

An Equal Opportunity Employer

Please Print All Information

Name _____ Daytime Phone (_____)
Last First Middle Area Code

Address _____ Evening Phone (_____)
Street, #, Apt. Area Code

City State Zip
Would you prefer to be contacted during the day, evening, doesn't matter

List the title of the job for which you are applying or indicate the type of work you are interested in.
Are you available for:
(Check all that apply) Full-time work Part-time work Daytime work Evening or night work Temporary, occasional, or seasonal work

Driver's License # _____

Education

Circle Highest Year Completed Elem. 1 2 3 4 5 6 7 8 High 9 10 11 12 College/Tech 1 2 3 4 5 6

	Name of School	Address	# Years Attended	Did You Graduate?	Major	Degree
High School						
Colleges, Universities or Technical Schools						

List any other training, seminars, correspondence courses, etc. that would have a bearing on your qualifications.

Work History

As a minimum, list all jobs and periods of unemployment in the last 10 years, that lasted over 30 days. List all jobs that have a bearing on your qualifications for the work you are applying for, regardless of when they occurred. Include military experience if applicable. Use a blank sheet or an additional form if more space is required. Your current employer will not be contacted without your permission. Start with your present or most recent job.

Current or Most Recent Employer:	Your Job Title:
Address:	Describe Your Duties:
Dates Employed From: Month Year To: Month Year	
Name of Your Supervisor:	
Current or Final Pay Rate:	Why Did You Leave (Or Wish To Leave) This Job?

Initials

Last

First

Middle

Date of Application

Month Day Year

F P C I A D S K U n

Employer:
 Address:
 Dates Employed:
 From: Month Year To: Month Year
 Name of Your Supervisor:
 Final Pay Rate:

Your Job Title:
 Describe Your Duties:
 Why Did You Leave This Job?

Employer:
 Address:
 Dates Employed:
 From: Month Year To: Month Year
 Name of Your Supervisor:
 Final Pay Rate:

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Employer:
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 From: Month Year To: Month Year
 Name of Your Supervisor:
 Final Pay Rate:

Your Job Title:
 Describe Your Duties:
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Employer:
 Address:
 Dates Employed:
 From: Month Year To: Month Year
 Name of Your Supervisor:
 Final Pay Rate:

Your Job Title:
 Describe Your Duties:
 Why Did You Leave This Job?

Check here if more information is attached.

If at any of the previously listed schools or employers, you were known by another name, list it here.

Do not write in this space

 Last First Middle

Are you able to perform the work of the job for which you are applying? yes no (If no, see supplemental form or attach an explanation of any accommodations needed) The employer will make reasonable accommodations if necessary to enable you to perform a job. The need for a reasonable accommodation will not be a factor in consideration for employment.

1. List any licenses or certifications you hold that have a bearing on your qualifications:

2. Have you ever had a license or certification revoked or suspended? yes no If yes, please explain below.

3. Have you ever been fired or asked to resign from a job? yes no

4. Are you 18 years of age or older? yes no (If you are under 18, you must present a certificate from your school district stating your eligibility to work.)

5. Are you legally eligible to be employed in the United States of America? yes no (If hired, you will be required to show documentation verifying your eligibility.)

6. Have you ever been convicted of or pled guilty to a crime other than summary offenses or traffic violations? yes no If yes, please explain below. (A conviction will not be a disqualification from employment unless it has a bearing on your qualifications.)

Is there any other information we should be aware of which has a bearing on your qualifications for the work for which you are applying? yes no (If yes, list below or on a separate sheet. Do not volunteer any information about your age, sex, religion, race, national origin, or disability.)

List at least three references who know you personally and who are familiar with your work qualifications, and who are not related to you.

Name	How Known	Address	Phone #
1.			
2.			
3.			
4.			

I certify that to the best of my knowledge, the information of this form is correct and complete. I understand that any misrepresentation on this application will be cause for me to be dropped from further consideration, or, if I have been hired, may be grounds for my dismissal.

Signature Date

Please answer the questions on page 4 only if they are applicable to the type of work you are applying for.

.. you are applying for a specific position, you should answer the questions on the following list which have been indicated by a check mark before the number. If you are filling out a general application for our files, answer those questions which in your judgement are related to the type of work you are seeking.

Answer if checked

1. Can you type? ___ yes ___ no Speed (correct words per minute) _____
2. Can you take dictation without mechanical assistance? ___ yes ___ no Speed (spoken words per minute) _____
3. Can you operate any type of electronic word processing equipment? ___ yes ___ no Type of equipment _____
4. List any other office machines that you can operate. _____

5. Do you possess a valid Pennsylvania motor vehicle operator's license? ___ yes ___ no For what class or vehicle? _____
License expiration date _____
6. What types of motor vehicles and construction equipment can you operate? _____

7. Are you available for overnight travel? ___ yes ___ no
8. Are you available for occasional overtime work? ___ yes ___ no
9. Can you begin work within 4 weeks of a job offer? ___ yes ___ no If no, when? _____
10. Have you ever been refused bond? ___ yes ___ no
11. Can you understand (U), read (R), speak (S), or write (W) any language other than English ___ yes ___ no
- | If yes, list: | Language | U | R | S | W |
|---------------|----------|--------------------------|--------------------------|--------------------------|--------------------------|
| 1. | | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 2. | | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 3. | | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
12. Are you now serving or have you ever served in any branch of the U.S. Military Services including National Guard or Reserves?
___ yes ___ no

Application Supplement

Essential Function Information

The position of _____ requires that you be able to perform the following functions:

TO THE EMPLOYER:

(Describe duties that require walking; climbing; use of physical strength, force, or endurance; communication with others including talking, reading, writing, listening, seeing; exposure to inclement weather; exposure to stressful situations; operating a vehicle; manipulating tools or machinery; producing products or services at a specified rate of speed; working prolonged hours or unusual schedules; entering confined spaces.)

SEE ATTACHED LIST

TO THE APPLICANT:

I have reviewed the above list of job functions and believe that:

- I can fully perform all the functions.
- I can fully perform all the functions with the following accommodations: _____

- I cannot perform all the functions. (Checking this box may result in your being disqualified for this job. Please explain below if there are additional considerations of which we should be aware.)

Signature _____

Date _____