

Please Print All Information			Date of Application			
Name:						
Last		First	Middle		Р	hone Number
Address:						
	eet		City		State	Zip
List the title o	of job for which you	are applying or type of w	ork in which you	are intereste	ed:	
Are you availa	able for: (Check all	that apply.)				
Full-Time	Part-Time	Temporary, occasio	onal, or seasona	lDay	time _	Evening
Driver's Licen	se Number:					
Education	า					
Circle Highest \	ear Completed	Elem: 1 2 3 4 5 6 7 8	High: 9 10 11	12	College/Tec	h: 1 2 3 4 5 6
	School Name	School Address	# Years Attended	Did you Graduate?	Major	Degree
High School						
College, Univ. or						

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

### Work History

Tech Schools

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 in which you are applying, 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:	Job Title:
Address:	Job Duties:
Dates Employed:	
Supervisor's Name:	
Current or Final Pay Rate:	Reason for leaving:

Current or Most Recent Employer:	Job Title:
Address:	Job Duties:
Dates Employed:	
	_
Supervisor's Name:	
Current or Final Pay Rate:	Reason for leaving:

Current or Most Recent Employer:	Job Title:
Address:	Job Duties:
Dates Employed:	
Supervisor's Name:	
Current or Final Pay Rate:	Reason for leaving:

o Title:
o Duties:
ason for leaving:

Current or Most Recent Employer:	Job Title:
Address:	Job Duties:
Dates Employed:	
Supervisor's Name:	
Current or Final Pay Rate:	Reason for leaving:

\_\_\_\_Check here if more information is attached.

If at any of the previously listed schools or employers you were known by any other name, list it below:

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	e you ever had a	icense or certification revoked o	or suspended?Yes	No	lf yes, please explair
				·		
3.	Have	e you ever been f	ired or asked to resign from a jo	b? <u>Y</u> es <u>No</u>		
4.			ge or older?YesNo (If yer rict stating your eligibility to wo		ou must pi	resent a certificate
5.			e to be employed in the United umentation verifying your eligib		esNo	(If hired, you will be
6.	/	YesNo If ye	onvicted of or pled guilty to a cr s, please explain below. (A conv g on your qualifications.)			
whi	ich yo	ou are applying? _	ation we should be aware of whi YesNo (If yes, list belov ge, sex, religion, race, national o	v or on a separate sheet.	-	
Re	fere	ences				
		ast three referent related to you:	ces who know you personally ar	d who are familiar with y	our work	qualifications and wh
	Name	e	How Known	Address		Phone Number
1.						
2.						
3.						

I certify that to the best of my knowledge, the information on 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.

Please answer the following questions, only it you are filling out a general application for ou to the type of work you are seeking:	, ,,	
1. Can you type?YesNo Speed (	correct words per minute)	
2. Can you take dictation without mechanica Speed (spoken words per minute)		lo
3. Can you operate any type of electronic wo Type of equipment		YesNo
4. List any other office machines you can ope	rate:	
5. Do you possess a valid Pennsylvania motor What class or vehicle?	-	
6. What types of motor vehicles and constru	ction equipment can you	operate?
<ol> <li>Are you available for overnight travel?</li> </ol>	YesNo	
8. Are you available for occasional overtime	work? Yes No	
9. Can you begin work within 4 weeks of a jo	o offer?YesNo li	f no, when?
10. Have you ever been refused bond?Ye	5No	
11. Can you understand (U), read (R), speak (	), or write (W) any langua	ge other than English?YesNo
If yes, list: <u>Language</u> <u>l</u> 1 2 3	<u>R</u> <u>S</u> — — — — — — — — — — — — — — — — — — —	<u>w</u>

12. Are you now serving or have you ever served in any branch of the U.S. Military Services, including the 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: \_\_\_\_\_