



Office 717-528-8939 Fax 717-528-7986

APPLICATION FOR EMPLOYMENT

PLEASE PRINT

LAST NAME		FIRST NAME		MIDDLE NAME	
<input type="text"/>		<input type="text"/>		<input type="text"/>	
ADDRESS <small>NUMBER</small>		<small>STREET</small>		<small>CITY</small>	
<input type="text"/>		<input type="text"/>		<input type="text"/>	
TELEPHONE NUMBERS		SOCIAL SECURITY NUMBER			
<input type="text"/>		<input type="text"/>			
<input type="text"/>		DRIVERS LICENSE NUMBER			
<input type="text"/>		<input type="text"/>			

YES _____ NO _____

YES NO

YES NO

YES NO

YES _____ NO _____

YES NO

IF YES, PLEASE EXPLAIN

WE ARE AN EQUAL OPPORTUNITY EMPLOYER
EDUCATION

	NAME & ADDRESS OF SCHOOL	COURSE OF STUDY	YEARS COMPLETED	DIPLOMA DEGREE
ELEMENTARY SCHOOL				
HIGH SCHOOL				
UNDERGRADUATE COLLEGE				
GRADUATE PROFESSIONAL				
OTHER (SPECIFY)				

DESCRIBE ANY SPECIALIZED TRAINING, APPRENTICESHIP, SKILLS, AND EXTRA-CURRICULAR ACTIVITIES.

LIST PROFESSIONAL, TRADE, BUSINESS OR CIVIC ACTIVITIES AND OFFICES HELD. <i>YOU MAY EXCLUDE ORGANIZATIONS WHICH INDICATE RACE, COLOR, RELIGION, GENDER, NATIONAL ORIGIN, DISABILITIES OR OTHER PROTECTED STATUS.</i>

EMPLOYMENT EXPERIENCE

START WITH YOUR PRESENT OR LAST JOB. 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.

1 EMPLOYER		DATES EMPLOYED		WORK PERFORMED
		FROM	TO	
ADDRESS				
TELEPHONE NUMBERS		HOURLY RATE/SALARY		
		STARTING	FINAL	
JOB TITLE	SUPERVISOR			
REASON FOR LEAVING				

2 EMPLOYER		DATES EMPLOYED		WORK PERFORMED
		FROM	TO	
ADDRESS				
TELEPHONE NUMBERS		HOURLY RATE/SALARY		
		STARTING	FINAL	
JOB TITLE	SUPERVISOR			
REASON FOR LEAVING				

3 EMPLOYER		DATES EMPLOYED		WORK PERFORMED
		FROM	TO	
ADDRESS				
TELEPHONE NUMBERS		HOURLY RATE/SALARY		
		STARTING	FINAL	
JOB TITLE	SUPERVISOR			
REASON FOR LEAVING				

4 EMPLOYER		DATES EMPLOYED		WORK PERFORMED
		FROM	TO	
ADDRESS				
TELEPHONE NUMBERS		HOURLY RATE/SALARY		
		STARTING	FINAL	
JOB TITLE	SUPERVISOR			
REASON FOR LEAVING				

IF YOU NEED ADDITIONAL SPACE, PLEASE CONTINUE ON A SEPARATE SHEET OF PAPER.

ADDITIONAL INFORMATION

OTHER QUALIFICATIONS

SUMMARIZE SPECIAL JOB-RELATED SKILLS AND QUALIFICATIONS ACQUIRED FROM EMPLOYMENT OR OTHER EXPERIENCE

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

ARE YOU CAPABLE OF PERFORMING IN A REASONABLE MANNER, WITH OR WITHOUT A REASONABLE ACCOMMODATION, THE ACTIVITIES INVOLVED IN THE JOB OR OCCUPATION FOR WHICH YOU HAVE APPLIED? A DESCRIPTION OF THE ACTIVITIES INVOLVED IN SUCH A JOB OR OCCUPATION IS ATTACHED

YES _____

NO _____

REFERENCES

_____ (NAME)	PHONE #	_____
_____ (ADDRESS)		
_____ (NAME)	PHONE #	_____
_____ (ADDRESS)		
_____ (NAME)	PHONE #	_____
_____ (ADDRESS)		
_____ (NAME)	PHONE #	_____
_____ (ADDRESS)		

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 45 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, 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. 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.

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 RULES AND REGULATIONS OF THE EMPLOYER.

SIGNATURE OF APPLICANT

DATE

FOR PERSONNEL DEPARTMENT USE ONLY

ARRANGE INTERVIEW _____ YES _____ NO

REMARKS _____

EMPLOYED _____ YES _____ NO DATE OF EMPLOYMENT _____

JOB TITLE _____ HOURLY
RATE/SALARY _____

BY _____
NAME AND TITLE DATE

NOTES: _____

POSITION(S) APPLIED FOR IS OPEN: _____ YES _____ NO

POSITION(S) CONSIDERED FOR: _____

DATE