

## **EMPLOYMENT APPLICATION**

## **Application information**

| Full name:                                     |                            |                |          |       |        | Date:            |     |     |  |
|------------------------------------------------|----------------------------|----------------|----------|-------|--------|------------------|-----|-----|--|
|                                                | Last                       | First          |          | M     | 1.1.   |                  |     |     |  |
| Address:                                       |                            |                |          |       |        | Phone            | :   |     |  |
|                                                | Street addr                | ress           |          | Apt/l | Jnit # |                  |     |     |  |
|                                                |                            |                |          |       |        | Email:           |     |     |  |
|                                                | City                       |                | State    | Zip ( | Code   |                  |     |     |  |
| S.S.                                           |                            | Desire salary: |          | \$    |        |                  |     |     |  |
| Position applied for                           | :                          |                |          |       |        |                  |     |     |  |
| Are you a citizen of the United States?        |                            | Yes ⊠ No □     |          |       |        |                  |     |     |  |
|                                                |                            |                |          |       |        |                  |     |     |  |
| If no, are you authorized to work in the U.S.? |                            | Yes □ No □     |          |       |        |                  |     |     |  |
| Have you lived out of PA in the last 5 years?  |                            | Yes □ No □     |          |       |        |                  |     |     |  |
|                                                |                            |                |          |       |        |                  |     |     |  |
| What days ar                                   | nd times available to work | Sun M          | Ion 7    | Tue   | Wed    | Thurs            | Fri | Sat |  |
|                                                |                            |                |          |       |        |                  |     |     |  |
| Have you ever been convicted of a felony?      |                            | Yes □ No       |          | No ⊠  |        | If yes, explain? |     |     |  |
| Do you have                                    | a working phone?           | Ye             | es 🗆 🏻 1 | No □  |        |                  |     |     |  |
| Do you have                                    | access to your email?      | Ye             | es 🗆 🗈 1 | No □  |        |                  |     |     |  |
| Do you have                                    | transportation?            | Ye             | es 🗆 🏻 1 | No □  |        |                  |     |     |  |
| Education                                      |                            |                |          |       |        |                  |     |     |  |
| High school:                                   |                            |                | Addres   | s:    |        |                  |     |     |  |

| From:                        | To:                         | Did you graduate? | Yes □ No □     | Diploma: |
|------------------------------|-----------------------------|-------------------|----------------|----------|
| College:                     |                             | Address:          |                |          |
| From:                        | To:                         | Did you graduate? | Yes □ No □     | Degree:  |
| Other:                       |                             | Address:          |                |          |
| From:                        | To:                         | Did you graduate? | Yes □ No □     | Degree:  |
| References Please list three | ee professional references. |                   |                |          |
| Full name:                   |                             |                   | Relationshi p: |          |
| Company:                     |                             |                   | Phone:         |          |
| Address:                     |                             |                   | Email:         |          |
| Full name:                   |                             |                   | Relationshi p: |          |
| Company:                     |                             |                   | Phone:         |          |
| Address:                     |                             |                   | Email:         |          |
| Full name:                   |                             |                   | Relationshi p: |          |
| Company:                     |                             | _                 | Phone:         |          |
| Address:                     |                             |                   | Email:         |          |
| Previous Em                  | ployment                    |                   |                |          |
| Company:                     |                             |                   | Phone:         |          |

| Company:                                                 | Phone:       |
|----------------------------------------------------------|--------------|
| Address:                                                 | Supervisor : |
| Job title:                                               | From: To:    |
| Responsibilities:                                        |              |
| May we contact your previous supervisor for a reference? | Yes □ No □   |
| Address:                                                 | Supervisor : |
| Job title:                                               | From: To:    |
| Responsibilities:                                        |              |
| May we contact your previous supervisor for a reference? | Yes □ No □   |
| Company:                                                 | Phone:       |
| Address:                                                 | Supervisor : |
| Job title:                                               | From: To:    |
| Responsibilities:                                        |              |
| May we contact your previous supervisor for a reference? | Yes □ No □   |

## **Military Service**

| Branch:                                                                                                                                             | From:              | To:   |  |  |
|-----------------------------------------------------------------------------------------------------------------------------------------------------|--------------------|-------|--|--|
| Rank at discharge:                                                                                                                                  | Type of discharge: |       |  |  |
| If other than honorable, explain:                                                                                                                   |                    |       |  |  |
|                                                                                                                                                     |                    |       |  |  |
| Disclaimer and signature                                                                                                                            |                    |       |  |  |
| I certify that my answers are true and complete to the best of my knowledge.                                                                        |                    |       |  |  |
| If this application leads to employment, I understand that false or misleading information in my application or interview may result in my release. |                    |       |  |  |
| Signature:                                                                                                                                          |                    | Date: |  |  |