



Employment Application

111 Strawcutter Road - Derry, PA 15627 - Phone: 724-539-7670 Fax: 724-539-7746

Applicant Information

Full Name:						Date:			
<i>Last</i>			<i>First</i>			<i>M.I.</i>			
Address:						Apartment/Unit #			
		<i>Street Address</i>							
		<i>City</i>				<i>State</i>		<i>ZIP Code</i>	
Phone:	()			E-mail Address:					
Date Available:			Social Security No.:				Desired Salary:		\$
Position Applied for:									
Are you a citizen of the United States?		YES <input type="checkbox"/>	NO <input type="checkbox"/>	If no, are you authorized to work in the U.S.?				YES <input type="checkbox"/>	NO <input type="checkbox"/>
Have you ever worked for this company?		YES <input type="checkbox"/>	NO <input type="checkbox"/>	If yes, when?					
Have you ever been convicted of a felony?		YES <input type="checkbox"/>	NO <input type="checkbox"/>						
If yes, explain:									

Education

High School:				Address:						
From:		To:		Did you graduate?		YES <input type="checkbox"/>	NO <input type="checkbox"/>	Degree:		
College:				Address:						
From:		To:		Did you graduate?		YES <input type="checkbox"/>	NO <input type="checkbox"/>	Degree:		
Other:				Address:						
From:		To:		Did you graduate?		YES <input type="checkbox"/>	NO <input type="checkbox"/>	Degree:		

References

Please list three professional references.

Full Name:				Relationship:					
Company:						Phone:		()	
Address:									
Full Name:				Relationship:					
Company:						Phone:		()	
Address:									
Full Name:				Relationship:					
Company:						Phone:		()	
Address:									

Previous Employment

Company:					Phone:	()	
Address:					Supervisor:		
Job Title:			Starting Salary:	\$	Ending Salary:		\$
Responsibilities:							
From:		To:		Reason for Leaving:			
May we contact your previous supervisor for a reference?				YES <input type="checkbox"/>	NO <input type="checkbox"/>		
Company:					Phone:	()	
Address:					Supervisor:		
Job Title:			Starting Salary:	\$	Ending Salary:		\$
Responsibilities:							
From:		To:		Reason for Leaving:			
May we contact your previous supervisor for a reference?				YES <input type="checkbox"/>	NO <input type="checkbox"/>		
Company:					Phone:	()	
Address:					Supervisor:		
Job Title:			Starting Salary:	\$	Ending Salary:		\$
Responsibilities:							
From:		To:		Reason for Leaving:			
May we contact your previous supervisor for a reference?				YES <input type="checkbox"/>	NO <input type="checkbox"/>		

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:	
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