



# Application for Employment

PO Box 3157, York, PA 17402

Applicants are considered for all positions without regard to race, color, religion, sex, national origin, age, marital or veteran status, or the presence of a non-job-related medical condition or handicap.

(PLEASE PRINT)

Date of Application \_\_\_\_\_

Position(s) Applied For: \_\_\_\_\_

Referral Source:  Advertisement  Friend  Relative  Walk-In  
 Employment Agency  Other

Name: \_\_\_\_\_  
(Last) (First) (Middle)

Address: \_\_\_\_\_

Telephone: \_\_\_\_\_ Social Security Number \_\_\_\_\_  
Area Code

If employed and under 18 can you furnish a work permit?  Yes  No

Have you ever applied to this Company before?  Yes  No If Yes, give date: \_\_\_\_\_

Have you ever been employed by Company before?  Yes  No If Yes, give date: \_\_\_\_\_

Are you currently employed?  Yes  No  
May we contact your present employer?  Yes  No

Are you prevented from lawfully becoming employed in this country because of Visa or Immigration status?  Yes  No  
(Proof of citizenship or immigration status may be required upon employment)

On what date would you be available for work? \_\_\_\_\_

Are you available to work:  Full-Time  Part-Time  Shift Work  Temporary

Are you on a lay-off and subject to recall?  Yes  No

Can you travel if a job requires it?  Yes  No

Have you been convicted of a felony within the last 7 years?  Yes  No  
(Conviction will not necessarily disqualify applicant for employment)

If Yes, please explain: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

# EMPLOYMENT EXPERIENCE

Start with your present or last job. Include military service assignments and volunteer activities. Exclude organization names which indicate race, color, religion, sex or national origin.

<b>Employer</b>	<b>Telephone</b>	Dates Employed Start      End		<b>Work Performed</b>
<b>Address</b>				
		Hourly Rate/Salary From      To		
<b>Supervisor</b>				
<b>Reason for Leaving</b>				
<b>Employer</b>	<b>Telephone</b>	Dates Employed Start      End		<b>Work Performed</b>
<b>Address</b>				
		Hourly Rate/Salary From      To		
<b>Supervisor</b>				
<b>Reason for Leaving</b>				
<b>Employer</b>	<b>Telephone</b>	Dates Employed Start      End		<b>Work Performed</b>
<b>Address</b>				
		Hourly Rate/Salary From      To		
<b>Supervisor</b>				
<b>Reason for Leaving</b>				
<b>Employer</b>	<b>Telephone</b>	Dates Employed Start      End		<b>Work Performed</b>
<b>Address</b>				
		Hourly Rate/Salary From      To		
<b>Supervisor</b>				
<b>Reason for Leaving</b>				

If you need additional space, please continue on a separate sheet of paper.

## Special Skills and Qualifications:

Summarize special skills and qualifications acquired from employment or other experience: \_\_\_\_\_

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# EDUCATION

	Elementary School	High School	College/ University	Graduate/ Professional
School Name				
Years Completed: (Circle)	4 5 6 7 8	9 10 11 12	1 2 3 4	1 2 3 4
Diploma				
Describe Course of Study				
Describe Specialized Training, Apprenticeship, Skills and Extra-Curricular Activities				

Honors Received:

State any additional information you feel may be helpful to us in considering your application.

### 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 any employment decision. I understand that this application is not and is not intended to be a contract of employment.

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 Company.

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date

### FOR PERSONNEL DEPARTMENT USE ONLY

Arrange Interview  Yes  No

Remarks \_\_\_\_\_ Interviewer \_\_\_\_\_ Date \_\_\_\_\_

Employed  Yes  No Date of Employment \_\_\_\_\_

Hourly Rate/ Job Title \_\_\_\_\_ Salary \_\_\_\_\_ Department \_\_\_\_\_

By \_\_\_\_\_ Name and Title \_\_\_\_\_ Date \_\_\_\_\_

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Veteran of the U.S. Military?     Yes     No    If Yes, Branch \_\_\_\_\_

Indicate languages you speak, read, and/or write.

	FLUENT	GOOD	FAIR
SPEAK			
READ			
WRITE			

List professional, trade, business or civic activities and offices held.  
(You may exclude those which indicate race, color, religion, sex or national origin):

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Give names, addresses and phone numbers of three references who are not related to you and are not previous employers.

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Special Employment Notice to Disabled Veterans, Vietnam Era Veterans and Individuals With Physical or Mental Handicaps.

Government contractors are subject to 38 USC 2012 of the Vietnam Era Veterans Readjustment Act of 1974 which requires that they take affirmative action to employ and advance in employment qualified disabled veterans and veterans of the Vietnam Era, and Section 503 of the Rehabilitation Act of 1973, as amended, which requires government contractors to take affirmative action to employ and advance in employment qualified handicapped individuals.

If you are a disabled veteran, or have a physical or mental handicap, you are invited to volunteer this information. The purpose is to provide information regarding proper placement and appropriate accommodation to enable you to perform the job to the best of your ability in a proper and safe manner. This information will be treated as confidential. Failure to provide this information will not jeopardize or adversely affect your consideration for employment.

If you wish to be identified, please sign below.

Handicapped Individual     Disabled Veteran     Vietnam Era Veteran

Signed \_\_\_\_\_

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# APPLICANT DATA RECORD

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Applicants are considered for all positions and employees are treated equally during employment without regard to race, color, religion, sex national origin, age, marital or veteran status, medical condition or handicap.

As an employer with government contracts, we comply with government regulations and affirmative action responsibilities.

Solely to help us comply with government record keeping, reporting and other legal requirements, please complete the Applicant Data Record. We appreciate your cooperation.

This data is for periodic government reporting and will be kept in a Confidential File separate from the Application for Employment.

(PLEASE PRINT)

Date: \_\_\_\_\_

Position(s) Applied For: \_\_\_\_\_

Referral Source:  Advertisement  Friend  Relative  Walk-In  
 Employment Agency  Other

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Name \_\_\_\_\_ Phone \_\_\_\_\_

Address \_\_\_\_\_

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## AFFIRMATIVE ACTION SURVEY

Government agencies require periodic reports on the sex, ethnicity, handicapped and veteran status of applicants. This data is for analysis and affirmative action only. Submission of information is voluntary.

Check One:

Male  Female

Check on of the following:

Race/Ethnic Group:  White  Black  Hispanic  
 American Indian/Alaskan Native

Check if any of the following are applicable:

Vietnam Era Veteran  Disabled Veteran  Handicapped Individual

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**FOR PERSONNEL DEPARTMENT USE ONLY**

Position(s) Applied For Is Open:

Yes

No

Position(s) Consider For: \_\_\_\_\_

Date \_\_\_\_\_

NOTES: