



**EMPLOYMENT APPLICATION**

It is unlawful to discriminate against individuals making an application for employment on the basis of race, color, religion, gender, national origin, ancestry, disability, the use of a guide or support animal for disability, or relationship to a person with a disability, age, genetic information, veteran status, pregnancy, marital status, caregiver status, gender identity, gender conformity, sexual orientation, having a GED rather than a high school diploma, and any other protected class under federal/state/municipal law.

**APPLICANT INFORMATION**

Name:

SSN:

Phone:

Alternate Phone:

Current address:

City:

State:

ZIP Code:

Current Driver's License # and State issued:

Emergency contact:

Phone number of emergency contact:

**POSITION APPLYING FOR**

Position:

Indicate Status: Full-Time  Part-Time

Hours Available:

Sunday

Monday

Tuesday

Wednesday

Thursday

Friday

Saturday

Date Available to Start New Position:

Wage Requirement:

**EDUCATIONAL BACKGROUND**

Highest Grade Completed — please circle

High School: 9 10 11 12

College: 1 2 3 4

Last School Attended:

City:

State:

Highest Degree Earned:

Course of Study:

State any special and/or technical training you have received:

**EMPLOYMENT INFORMATION**

**LIST YOUR PAST AND/OR CURRENT EMPLOYMENT OVER THE PAST 10 YEARS**

**Most Recent Employer:**

Starting Date:

Ending Date:

Currently Employed

Employer's address:

City:

State:

ZIP Code

Phone:

Position:

Pay Rate: Hourly  Salary

Reason for Leaving:

May we contact this employer?

Yes  No

Supervisor's Name:

**Previous employer:**

Starting Date:

Ending Date:

Employer's Address:

City:

State:

ZIP Code:

Phone:

Position:

Pay Rate: Hourly  Salary

Reason for Leaving:

May we contact this employer?

Yes  No

Supervisor's Name:



<b>EMPLOYMENT INFORMATION CONTINUED</b>			
<b>Previous employer:</b>			
Starting Date:	Ending Date:		
Employer's Address:			
City:	State:	ZIP Code:	
Phone:			
Position:	Pay Rate:	Hourly <input type="checkbox"/>	Salary <input type="checkbox"/>
Reason for Leaving:			
May we contact this employer? Yes <input type="checkbox"/>		No <input type="checkbox"/>	
Supervisor's Name:			
<b>Previous employer:</b>			
Starting Date:		Ending Date:	
Employer's Address:			
City:	State:	ZIP Code:	
Phone:			
Position:	Pay Rate:	Hourly <input type="checkbox"/>	Salary <input type="checkbox"/>
Reason for Leaving:			
May we contact this employer? Yes <input type="checkbox"/>		No <input type="checkbox"/>	
Supervisor's Name:			
<b>Previous employer:</b>			
Starting Date:		Ending Date:	
Employer's Address:			
City:	State:	ZIP Code:	
Phone:			
Position:	Pay Rate:	Hourly <input type="checkbox"/>	Salary <input type="checkbox"/>
Reason for Leaving:			
May we contact this employer? Yes <input type="checkbox"/>		No <input type="checkbox"/>	
Supervisor's Name:			
<b>GENERAL INFORMATION</b>			

Have you been convicted of a felony or plead guilty to a felony in the last ten years? Yes No

This question does not apply to convictions which have been expunged, sealed, pardoned, or otherwise exonerated or eradicated.

A conviction record will not necessarily be a bar to employment. A conviction which is substantially related to the functions or qualifications of the position(s) for which you are applying may be taken into consideration.

If yes, please describe fully the criminal conviction(s) listing the nature of the offense(s) and your rehabilitation since the time of the conviction:

Have you ever been bonded? Yes No



**REFERENCES**

**Please list 3 references. At least 2 references must be work related. Do not include relatives.**

Name:

Relationship:

Address:

Phone:

E-mail Address:

Name:

Relationship:

Address:

Phone:

E-mail Address:

Name:

Relationship:

Address:

Phone:

E-mail Address:



**PLEASE READ THE FOLLOWING STATEMENTS CAREFULLY, THEN SIGN AND DATE THE APPLICATION**

I hereby certify that the facts set forth in this employment application are true and complete to the best of my knowledge. I understand that falsification of any of the facts contained in this application shall be considered grounds for immediate dismissal. Further, I hereby give the company permission to investigate and verify the information on the application.

**It is essential you understand if you are offered employment and/or begin employment before any or all of your applicant consumer reports are received, your employment will be conditioned upon the receipt and results of these reports. These reports may include a Motor Vehicle Report, Drug Screen, Credit History and/or Criminal Background Check. As such, if after post-offer or post-start, one or more of the referenced applicant consumer reports reveal you are unsuitable for employment at our organization for the position for which you have applied, your employment could be terminated. As always, any such action will be done in accordance with the Fair Credit Reporting Act.**

Additionally, I acknowledge that a valid driver's license is a condition of employment should my position require the operation, inspection and/or the service of motor vehicles. I acknowledge that my employment could be terminated or the offer of work rescinded if it is discovered that I do not possess a valid driver's license.

Further, I acknowledge that I may be subject to a motor vehicle report (MVR), criminal record check, and credit report as part of the pre-employment process, and while I am employed at the company, should I be offered employment. If a review of my MVR reveals an unsatisfactory or high risk driving record I could be terminated or an offer of work rescinded. Furthermore, I acknowledge that my employer may take a negative employment action, up to and including dismissal, if my criminal record reveals a history which makes me unsuitable for continued employment. This will be done in conformity with the Fair Credit Reporting Act.

Finally, any prospective employee may be required to submit to drug a screen test. A positive result to this test may result in the rescinding of an offer of employment, or termination after employment. The company may also engage in random drug testing, testing based on probable cause, and testing in the event of a workplace injury or accident.

"**Company**" is deeply committed to providing a safe environment for all employees and customers. Therefore, we have made a commitment to engage in drug testing for all new hires. Accordingly, if you are offered employment at "**Company**" you will be required to report for and participate in our new hire drug screen program. Drug testing may occur on either a random or probable cause basis. Where reasonable suspicion exists that the employee is under the influence of drugs and/or alcohol, or the employee is "involved" in an on-the-job accident, or violation of a safety rule or exhibiting behavior indicating such, the employer reserves the right to test employees for the presence of drugs and/or alcohol. "Involved" in an on-the-job accident or injury means not only the one who was injured, but also anyone who arguably or potentially contributed to the accident or injury event in any way, i.e., the person suspected of causing someone else to get hurt gets tested as well. This drug screening will occur at an approved site recognized in the state of Pennsylvania. You may be permitted to commence work prior to the receipt of the results. If the results of your drug screen shows the possession of illegal substance, your employment may be, (1) terminated or (2) the offer of employment may be rescinded. If you are taking prescription medication that would be revealed in this drug screen, you are be required to disclose the reason(s) for the taking of this medication. The results of your drug screen will be shared only with individuals who have a legitimate right to now. We are committed to your privacy and you will be afforded a copy of the results.

The "**Company**" is committed to keeping all employees and citizens safe. This includes risk of harm from lawfully prescribed medication. Employer reserves the right to request documentation from the prescribing healthcare provider to confirm that the respective employee is safe to perform their respective duties given the specific medications prescribed. As such, the employer reserves the right to request and receive information on the specific medications, including dosage and frequency taken by the respective employee. It is essential that all employees recognize the employer's dedication to privacy. However, if as a result of any medication a respective employee is taking there is a risk to the safety and/or wellness of an employee, a co-worker, a consumer or a member of the public, we believe it is our duty to confirm the employee is safe to perform their essential job functions.

If your position is considered safety-sensitive, you may be required to provide a healthcare provider statement from your prescribing physician indicating your ability to perform your job safely given your medication activity.

All employees are advised that any information obtained or received regarding the employee's health record, including but not limited to medications, will be held in the strictest of confidence and shared only with individuals who have a legitimate need to know.

Post-offer, employees may be required to take a physical examination.

I acknowledge that this application **does not constitute an offer of work**. If I am offered employment by the company, I acknowledge that the company is an at will employer. Accordingly, both the employee and the employer are free to terminate the employment relationship without cause or notice. There does not exist any contract or guarantee of employment.

Signature of Applicant

Date