



P.O. Box 803
Bloomsburg, PA 17815

APPLICATION FOR EMPLOYMENT

Prospective employees will receive consideration without discrimination because of race, creed, color, sex, age or national origin. We are an equal opportunity employer.

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Last Name	First	Middle	Date
Street Address			Home Telephone
City, State, Zip			Cell Telephone
Have you ever applied for employment with us? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, Month and Year _____ Location _____			
Position Desired			Pay Expected
Apart from absence for religious observance, are you available for full time work? <input type="checkbox"/> Yes <input type="checkbox"/> No If not, what hours can you work? _____			Will you work overtime if asked? <input type="checkbox"/> Yes <input type="checkbox"/> No
Are you legally eligible for employment in the United States? <input type="checkbox"/> Yes <input type="checkbox"/> No			When will you be available to begin work? _____
Other special training or skills (languages, machine operation, etc.)			

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School	Name and Location of School	Course of Study	No. of Years Completed	Did You Graduate?	Degree or Diploma
Graduate				<input type="checkbox"/> Yes <input type="checkbox"/> No	
College				<input type="checkbox"/> Yes <input type="checkbox"/> No	
Business/ Trade/ Technical				<input type="checkbox"/> Yes <input type="checkbox"/> No	
High School				<input type="checkbox"/> Yes <input type="checkbox"/> No	

EMPLOYMENT

Please give accurate, complete full-time and part-time employment record. Start with your present or most recent employer.

1

Company Name	Telephone
Address	Employed (state month and year) From To
Name of Supervisor	Weekly pay Start Last
State Job Title and Describe Your Work	Reason for Leaving

2

Company Name	Telephone
Address	Employed (state month and year) From To
Name of Supervisor	Weekly pay Start Last
State Job Title and Describe Your Work	Reason for Leaving

3

Company Name	Telephone
Address	Employed (state month and year) From To
Name of Supervisor	Weekly pay Start Last
State Job Title and Describe Your Work	Reason for Leaving

4

Company Name	Telephone
Address	Employed (state month and year) From To
Name of Supervisor	Weekly pay Start Last
State Job Title and Describe Your Work	Reason for Leaving

We may contact the employers listed above unless you indicate those you do not want us to contact.

Employer Number(s)

DO NOT CONTACT
Reason

MILITARY

Did you serve in the U.S. Armed Forces? ☐ Yes ☐ No If yes, in what Branch?

Describe any training received relevant to the position for which you are applying.

If the employer has checked the box next to the question, the information requested is needed for a legally permissible reason, including, without limitation, national security considerations, a legitimate occupational qualification, or business necessity. The Civil Rights Act of 1964 prohibits discrimination in employment because of race, color, religion, sex, or national origin. Federal law also prohibits discrimination based on age, citizenship, and disability. The laws of most states also prohibit some or all of the above types of discrimination as well as some additional types such as discrimination based on ancestry, marital status, and sexual preference.

<input checked="" type="checkbox"/>	What was your previous address?	How long at present address?
		<input checked="" type="checkbox"/> _____ Years
<input checked="" type="checkbox"/>	How long at previous address?	<input checked="" type="checkbox"/> _____ Years
<input checked="" type="checkbox"/>	Have you ever been bonded? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, with what employer?	Are you over 18 years of age? <input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> If not, employment is subject to verification of age.
<input checked="" type="checkbox"/>	Have you been convicted of or pleaded guilty to a crime in the past ten years, excluding minor traffic offenses. <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, describe in full.	
<input checked="" type="checkbox"/>	State names of relatives and friends working for us and their relationship to you.	
<input checked="" type="checkbox"/>	Do you have a pre-existing health condition and/or injury that could interfere with your job? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please describe fully and the condition and/or injury.	
<input checked="" type="checkbox"/>	Have you ever received Worker's Compensation Benefits in prior employment? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please state employer and reason for benefits.	

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The information provided in this Application for Employment is true, correct and complete. If employed, any misstatement or omission of fact on this application may result in my dismissal.

I understand that acceptance of an offer of employment does not create a contractual obligation upon the employer to continue to employ me in the future.

Date

Signature

FOR EMPLOYER'S USE ONLY

REFERENCE CHECK

Employer	Person Contacted	Results
1		
2		
3		
4		

TEST RESULTS

Tests Administered	Raw Score	Rating	Analysis and Comments

INTERVIEW RESULTS

Interviewer Name and Comments