

SENT	DT	Employee #	Start

EMPLOYMENT APPLICATION

Name:				Date:	
Last	First		M.I.		
Address:					
Number	Street		City	State	Zip
Phone Number:					
	(Cell Number)			(Home Number)	
E-mail Address:				_	
How long have you	lived at the above add	lress?			
If less than 3 month	s, list previous Addres	ss:			
Position Applied for	:			_	
Are you interested i	n (Check all that apply	/):			
Part ⁻	Time	Full Time _		_	
Day S	Shift	Night Shift		<u> </u>	
Have you been emp	loyed here before?	Yes	No	When?	
Were you referred?		Yes	No	Who?	
When are you availa	able to start work?				
Can you verify your	legal rights to work in	the U.S. by p	roviding a	birth certificate, U.S	. passport,
	ship or naturalization,	, original socia	l security	card, or by some oth	er means?
Yes No _					
Are you able to read	d & write the English I	anguage? Yes		No	

Have you ever	been convicted fo	or a crime?					
Yes	No If	yes, please expl	ain:				
-	nvicted of a crime iction does not		· ·				
Operator's Lice	Operator's License #: Expiration Date:						
List all driving li	icenses held in an	y state during th	ne past seve	n ye	ars:		
State							
License #							
Expiration							
Have you had a	n accident withir	the last 7 years	? Yes		No	_	
If yes, please ex	xplain each accide	ent below:					
List All Dates	Location of Accident	Description	Injury	Da	image Amount in Dollars	Not Chargeable	
Have you had a	motor violation	within the last 7	years? Yes_		No		
If yes, please ex	xplain each violat	ion below:					
List all violation	ns (includes MPH) Date of	Date of Conviction		Place of Conviction		

Date and Period of Suspension, Revocation, or	explain: Reason
Withdrawal	
Have you had any previous driving experience? Yes	No
Have you had any previous driving experience? Yes	No
Have you had any previous driving experience? Yes If yes, please describe:	
EMPLOYMENT HISTORY:	
f yes, please describe:	

Address & phone	Position/Duties	Dates of	Reason for
Number		Employment	Leaving
	Number		

EDUCATION:										
Name of last scl	hool at	tende	ed:							
Address:										
Years Complete	d: 9	10	11	12	13	14	15	16+		
Diploma or Deg	ree: Ye	es		No_						
List any addition	nal edu	ıcatio	n expei	ience d	or certif	ications	::			
REFERENCES:										
List three (3) re	ference	es wh	o are n	ot relat	ed to y	ou. Incl	ude ado	dress and telep	ohone numb	er.
2										
3										
Please use this senough room for helpful in assist	space por on the	orovid ne app	led belo	ow to p n. You	rovide a	additior so add a	nal infor iny com	mation which	you did not	
	· · · · ·					-				

APPLICANT'S STATEMENT

I certify that answers given herein are true and complete to the best of my knowledge.

I authorize the investigation of all statements contained in this application for employment that may be necessary in arriving at an employment decision. I understand that this application is not and is not intended to be a contract of employment.

I understand any offers of employment are subject to successful completion of a test(s) to detect the presence of alcohol and other drugs. In addition, I understand that tampering with or in any way attempting to alter the drug test specimen will result in my disqualification for employment.

In the event of my 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. If employed, I understand and agree that my employment may be terminated at any time, for any reason.

(Applicant's Signature) (Date)

We are an equal opportunity employer. It is our policy to abide by all federal, state, and local laws concerning discrimination in employment. No question on this application is intended to elicit information in violation of any such law, nor will any information obtained in response to any question be used in violation of any such law. The information provided by the applicant on this application is in accordance with subsection (b) of 52 PA Code (37.19) and may be used for the purpose of investigating the applicant's background as required by 52 PA Code (37.20).