

Application for Employment

412-486-4867 phone

Instructions: Complete all necessary information. You may be asked to provide additional information on another form. This application will be kept on file. It is to your advantage to periodically check to keep it current and active. Be sure to sign and date the application. *Please print.*

Name _____

Social Security # _____ Phone () _____

Address _____

City/State/Zip _____

Position applied for _____ Shift preferred 1 2 3 Any

Would you accept full-time work?

Yes No

Would you accept part-time work?

Yes No

Have you ever been employed here before? No Yes If yes, please give approximate dates of prior employment at this company _____

See resume attached. (Go directly to "Additional Information" section when resume is attached.)

For Office Use Only

Applicant # _____

Employee # _____

Hire Date _____

Position _____

Rate _____

Class _____

Skill _____

Other _____

Notes: _____

Educational Background

(Circle highest level completed)

Grammar school	5	6	7	8
High school	9	10	11	12
College	1	2	3	4

Vocational training? _____

Graduate degree? _____

Training in what field? _____

Name of last school attended _____

Personal References

(Other than family members or previous employers)

1. Name _____ Phone () _____

Address _____

2. Name _____ Phone () _____

Address _____

3. Name _____ Phone () _____

Address _____

Attachments

- Resume
- Applicant Reference Check
- Applicant Interview
- Payroll Change Notice
- Employee DataCard

Previous Employers and Their Addresses

Place an by the employer(s) you do not want us to contact. List the most recent employer first.

1. Company Name _____ Phone () _____

Address _____ Employed From _____ To _____

Position _____ Reason for Leaving _____ Last Wage _____

2. Company Name _____ Phone () _____

Address _____ Employed From _____ To _____

Position _____ Reason for Leaving _____ Last Wage _____

Do you have a legal right to be employed in the U.S.? Y N (If yes, proof is required) Are you of legal age to work? Y N

Additional Information

To The Applicant: Read this section carefully before answering any of the questions in this area. Answer the following questions only if the red box on the left of a question is checked. The Civil Rights Act of 1964 prohibits discrimination in employment because of race, color, religion, sex, or national origin. Federal laws also prohibit other types of discrimination, such as age, citizenship, disability, veteran status, attainment of benefits, or participation in union activities. The laws of many states and localities also prohibit some or all of these types of discrimination, as well as prohibiting additional types of discrimination, such as discrimination based on ancestry, parental or marital status, sexual orientation, or source of income. Only those questions checked below by the employer are believed by the employer to be needed for a legally permissible reason.

You have been given a written job description which includes the essential job functions of the position for which you have applied. Are you able to perform each of the essential job functions listed for this position with or without accommodation? Yes No
If you can perform the job functions with an accommodation, please describe how you would perform the functions and with what accommodations.

Sex: M F Height: ft. ____ in. ____ Weight: _____ lbs.

Are you a veteran? Y N Are you eligible to be bonded? Y N

Other bona fide occupation questions may be listed below by the employer. Answer only those questions with the red box at left checked:

I understand that the Immigration Reform and Control Act of November 6, 1986 requires me to prove the legality of my residency or citizenship. I am also aware that the failure to provide such proof at the time of request may legally force my termination. To the best of my knowledge the information contained on this application is true. I understand that nothing contained in this employment application or in the granting of an interview is intended to create a contract between me and this company for either employment or the provision of any benefits; and further understand that if an employment relationship subsequently is established, I will have the right to terminate my employment at any time and the company will have a similar right. In addition, I understand that no promise, representation or agreement contrary to the foregoing is binding on the company unless made in writing and signed by me and an authorized representative of the company.

Applicant's Signature _____ Date _____