

## APPLICATION FOR EMPLOYMENT

*Prospective people will receive consideration without discrimination because of race, religion, color, sex, age, national origin, handicap, sexual orientation or veteran status.*

Today's Date \_\_\_\_\_

### PERSONAL

Last Name \_\_\_\_\_ First \_\_\_\_\_ Middle \_\_\_\_\_

Street Address \_\_\_\_\_ Home Telephone (\_\_\_\_) \_\_\_\_\_

City, State, Zip \_\_\_\_\_ Mobile Telephone (\_\_\_\_) \_\_\_\_\_

Social Security # \_\_\_\_\_

Have you ever applied for employment with us?    Yes    No    If yes, Month and Year: \_\_\_\_\_

Position Desired \_\_\_\_\_ Pay Expected \_\_\_\_\_

Apart from absence for religious observance, are you available for full-time work?    Yes    No

If not, what hours can you work? \_\_\_\_\_

Will you work overtime if asked?    Yes    No

Are you legally eligible for employment in the United States?    Yes    No    (If hired you will be required to provide proof.)

What date will you be available to begin working? \_\_\_\_\_

Are you over 18 years of age?    Yes    No    (Employment is subject to verification of age.)

Do you smoke or use tobacco products including but not limited to cigarettes, cigars or chewing tobacco?    Yes    No

### EDUCATION

School	Name and Location of School	Course of Study	Number of Years Completed	Did You Graduate?	Type of Degree Diploma or Certificate
Graduate					
College					
Business/Trade/Technical					
High School					
Elementary					

(Over)

**EMPLOYMENT**

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

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

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.**

**DO NOT CONTACT**

Employer(s) \_\_\_\_\_ Reason \_\_\_\_\_

How were you referred? \_\_\_\_\_

Referral Source:    Advertisement    Relative    Friend    Professor

**MILITARY**

Did you serve in the U.S. Armed Forces?     Yes     No

If "yes", in which branch? \_\_\_\_\_

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

The company is an equal opportunity employer and adheres to all laws and regulations with respect to equal opportunity. The company has a long-standing commitment prohibiting discrimination on the basis of race, sex, color, national origin, religion, age, handicap or military status.

I certify that the data recorded by me on this application is true and correct. I understand that any falsification, misrepresentation, misleading statements, or omissions of fact on either this application or during the pre-hire process will be sufficient reason for 1) my not being offered employment, or 2) dismissal at any time from service of the company if employed.

I hereby authorize investigation of all statements contained in this application and permit this company or its Agents to obtain any transcripts, records and documents pertaining to my education, work history and business experience. I also agree to release this company and its agents from any liability arising therefrom. I understand that employment is contingent upon the timely submission of documents to prove my legal right to work in the United States.

I also agree that my employment and compensation can be terminated, with or without cause, and with or without notice, at any time, at my option or the option of the company. I understand that no person or agent of the company other than an officer has any authority to enter into any oral or written agreement for employment for any specified period of time, or to make any representations or agreements contrary to the foregoing unless that representation is in writing and signed by the officer. No company policy or handbook provision regarding procedures for evaluating or terminating people detracts from the company's unilateral right to evaluate and terminate its people at its option.

Date \_\_\_\_\_ Signature \_\_\_\_\_

## VOLUNTARY APPLICANT DATA RECORD

Qualified applicants are considered for all positions, and people are treated during employment without regard to their race, color, religion, sex, national origin, age, marital or veteran status, medical condition or disability or sexual orientation.

As employers, we comply with government regulations.

Solely to help us comply with government record keeping, reporting and other legal requirements, please fill out the Voluntary Applicant Data Record.

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

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

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

Referral Source:     Advertisement                       Friend                       Relative  
                                  Employment Agency                       Other

Check one:             Male                       Female

Check one of the following Race/Ethnic Groups:

Caucasian                       African-American  
 Hispanic                       Asian/Pacific Islander  
 American Indian/Alaskan Native  
 Other: \_\_\_\_\_

**INFORMATION FOR PROCESSING OF BACKGROUND SCREEN REPORTS ONLY (To be used for no other purposes)**

Full Name: \_\_\_\_\_

Date of Birth: \_\_\_/\_\_\_/\_\_\_ Social Security# -----

Driver's License Number: \_\_\_\_\_ State of Issue: \_\_\_\_\_

Current Resident Address: \_\_\_\_\_

(Number & Street)

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

**List All Residence Addresses in the Past Seven (7) Years**

1. Address: \_\_\_\_\_

(Number & Street)

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

2. Address: \_\_\_\_\_

(Number & Street)

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

3. Address: \_\_\_\_\_

(Number & Street)

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

4. Address: \_\_\_\_\_

(Number & Street)

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

5. Address: \_\_\_\_\_

(Number & Street)

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

6. Address: \_\_\_\_\_

(Number & Street)

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

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

(Number & Street)

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_



### DEGREE VERIFICATION FORM

**To:** \_\_\_\_\_  
 College Name \_\_\_\_\_ Street Address \_\_\_\_\_  
 \_\_\_\_\_  
 City \_\_\_\_\_ State \_\_\_\_\_ Zip Code + 4 \_\_\_\_\_  
 \_\_\_\_\_  
 Telephone Number \_\_\_\_\_ Fax Number \_\_\_\_\_

**From:** \_\_\_\_\_  
 Last \_\_\_\_\_ First \_\_\_\_\_ Middle \_\_\_\_\_ Birth or Maiden \_\_\_\_\_

Social Security Number: \_\_\_\_\_

I was a student from (Month/Year): \_\_\_\_\_ to (Month/Year): \_\_\_\_\_

Degree: \_\_\_\_\_

I was registered under the following name(s): \_\_\_\_\_  
 \_\_\_\_\_

\_\_\_\_\_  
 Signature \_\_\_\_\_ Date \_\_\_\_\_

**Registrar:**

Please check the box below to confirm that the above degree information is correct and fax back to: Jeani Rodgers at 610.902.9599. Thank you.

Confirmed

\_\_\_\_\_  
 Registrar's Signature or Official Seal \_\_\_\_\_ Date \_\_\_\_\_

**RELEASE AUTHORIZATION AND  
 FAIR CREDIT REPORTING ACT DISCLOSURE  
 [FOR EMPLOYMENT PURPOSES]**

The applicant for employment acknowledges that this company may now, or at any time while employed, verify information within the application, resume or contract for employment. In the event that information from the report is utilized in whole or in part in making an *adverse decision*, before making the adverse decision, we will provide to you a copy of the consumer report and a description in writing of your rights under the Fair Credit Reporting Act, 15 U.S.C. § 1681 *et seq.*

Please be advised that we may also obtain an *investigative consumer report* including information as to your character, general reputation, personal characteristics, and mode of living. This information may be obtained by contacting your present and previous employers or references supplied by you. Please be advised that you have the right to request, in writing, within a reasonable time, that we make a complete and accurate disclosure of the nature and scope of the information requested.

Additional information concerning the Fair Credit Reporting Act, 15 U.S.C. § 1681 *et seq.*, is available at the Federal Trade Commission's web site (<http://www.ftc.gov>).

**By signing below, I hereby authorize all entities having information about me, including present and former employers, personal references, criminal justice agencies, departments of motor vehicles, schools, licensing agencies, and credit reporting agencies, to release such information to the company or any of its affiliates or carriers. I acknowledge and agree that this Release and Authorization shall remain valid and in effect during the term of my contract.**

**For Maine and New York Applicants Only**

Upon request, you will be informed whether or not a consumer report was requested, and if such a report was requested, the name and address of the consumer reporting agency furnishing the report.

**Maine residents will be provided a copy of your rights under the Maine Fair Credit Reporting Act.**

**For Washington Applicants Only**

The consumer reporting agency which furnished the report is Business Information Group, P.O. Box 541, Southampton, PA, 18966; for consumer compliance officer contact 800-260-1680.

**For California, Minnesota, and Oklahoma Applicants Only**

A consumer credit report will be obtained through Business Information Group, P.O. Box 541, Southampton, PA, 18966.

If a **consumer credit report** is obtained, I understand that I am entitled to receive a copy. I have indicated below whether I would like a copy.

Yes \_\_\_\_\_ No \_\_\_\_\_  
 Initials Initials

If an **investigative consumer report** and/or consumer report is processed, I understand that I am entitled to receive a copy. I have indicated below whether I would like a copy.

Yes \_\_\_\_\_ No \_\_\_\_\_  
 Initials Initials

**\*California applicants:** If you chose to receive a copy of the consumer report, it will be sent within three (3) days of the employer receiving a copy of the consumer report and you will receive a copy of the investigative consumer report within seven (7) days of the employer's receipt of the report (unless you elected not to get a copy of the report).

Date: \_\_\_\_\_ Signature of Applicant: \_\_\_\_\_

Print Name: \_\_\_\_\_