



1035 Camphill Rd. Fort Washington, P.A. 19034
Ph# (215) 540-3930 Fax# (215) 540-3935

Application for Employment

We consider applicants for all positions without regard to race, color, religion, creed, gender, national origin, age, disability, marital or veteran status, sexual orientation, or any other legally protected status.

(Please Print)

| | |
|--|----------------------------|
| Position(s) Applied For | Date of Application |
| How did you learn about us? <input type="checkbox"/> Advertisement <input type="checkbox"/> Friend <input type="checkbox"/> Walk-In <input type="checkbox"/> Employment Agency <input type="checkbox"/> Relative <input type="checkbox"/> Other _____ | |

| | | |
|-----------|------------|-------------|
| Last Name | First Name | Middle Name |
| _____ | _____ | _____ |

| | | | | | |
|---------|--------|--------|-------|-------|----------|
| Address | Number | Street | City | State | Zip Code |
| _____ | _____ | _____ | _____ | _____ | _____ |

| | | |
|---------------------|---------------|------------------------|
| Telephone Number(s) | Date of birth | Social Security Number |
| _____ | _____ | _____ |

If you are under 18yrs of age, can you provide required proof of your eligibility to work? Yes No
 If Yes, give date _____

Have you ever filed an application with us before? Yes No
 If Yes, give date _____

Are you currently employed? Yes No

May we contact your present employer? Yes No

Are you prevented from lawfully becoming employed in this country because of Visa or Immigration status? (Proof of citizenship or immigration status will be required upon employment) Yes No

On what date would you be available for work? _____

Are you available to work: Full-time Part-time Shift Work Temporary

Are you currently on "lay-off" status and subject to recall? Yes No

Can you travel if a job requires it?

Have you ever been arrested?

Yes No

If Yes, please explain _____

Have you been convicted of a felony within the last 7 years? Yes No
(Conviction will not necessarily disqualify an applicant from employment)

If Yes, please explain _____

Education

| | Name | Address | Course of Study | Years Completed | Diploma Degree |
|-----------------------|------|---------|-----------------|-----------------|----------------|
| Elementary School | | | | | |
| High School | | | | | |
| Undergraduate College | | | | | |
| Graduate Professional | | | | | |
| Other (specify) | | | | | |

| Indicate any Foreign languages you can speak, read and or write. | | | | |
|--|--------|------|------|---------|
| | Fluent | Good | Fair | Limited |
| Speak | | | | |
| Read | | | | |
| Write | | | | |

| Describe any specialized training, apprenticeship, skills and extra curricular activities. |
|--|
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| |
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| |

Describe any job-related training received in the United States military.

Employment Experience

Start with your present of last job. Include any job-related military service assignments and volunteer activities. You may exclude organizations which indicate race, color, religion, gender, national origin, disabilities or other protected status.

1. Employer: _____ Dates Employed: _____
Address: _____
Telephone Number(s): _____
Job title: _____
Supervisor: _____
Reason for Leaving: _____
Salary/Hourly Rate: _____
Work performed: _____
2. Employer: _____ Dates Employed: _____
Address: _____
Telephone Number(s): _____
Job title: _____
Supervisor: _____
Reason for Leaving: _____
Salary/Hourly Rate: _____
Work performed: _____
3. Employer: _____ Dates Employed: _____
Address: _____
Telephone Number(s): _____
Job title: _____
Supervisor: _____
Reason for Leaving: _____
Salary/Hourly Rate: _____
Work performed: _____
4. Employer: _____ Dates Employed: _____
Address: _____
Telephone Number(s): _____
Job title: _____
Supervisor: _____
Reason for Leaving: _____

Salary/Hourly Rate: _____

Work performed: _____

(If you need additional space, please continue on separate sheet of paper.)

List professional, trade, business, or civic activities and offices held. (You may exclude membership which would reveal gender, race, religion, national origin, age, ancestry, disability, or other protected status):

Specialized Skills Check Skills/Equipment Operated

___ CRT

___ PC

___ Calculator

___ Typewriter

___ fax

___ Lotus 1-2-3

___ PBX System

___ Wordperfect

Production Machinery:

Other (list)

State any additional information you feel may be helpful to us in considering your application. _____

Note to Applicants: DO NOT ANSWER THIS QUESTION UNLESS YOU HAVE BEEN INFORMED ABOUT THE REQUIREMENTS OF THE JOB FOR WHICH YOU ARE APPLYING.

Are you capable of performing in a reasonable manner, with or without a reasonable accommodation, the activities involved in the job or occupation for which you have applied? A description of the activities involved in such a job is attached. ___ Yes ___ No

References:

1. _____

| | | |
|----|-------------|---------------|
| | Name | Phone# |
| 2. | _____ | _____ |
| | Name | Phone# |
| 3. | _____ | _____ |
| | Name | Phone# |
| 4. | _____ | _____ |
| | Name | Phone# |

Applicant's Statement

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

I authorize investigation of all statements contained in this application for employment as may be necessary in arriving at any employment decision.

This application for employment shall be considered active for a period of time not to exceed 45 days. Any applicant wishing to be considered for employment beyond this time period should inquire as to whether or not applications are being accepted at that time.

I hereby understand and acknowledge that, unless otherwise defined by applicable law, any employment relationship with this organization is of an "at will" nature, which means that the employee may resign at any time and the employer may discharge employee at any time with or without cause. It is further understood that this "at will" employment relationship may not be changed by any written document or by conduct unless such change is specifically acknowledged in writing by an authorized executive of this organization.

In then event of employment, I understand that false ort 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 employer.

| | |
|------------------------|-------|
| _____ | _____ |
| Signature of Applicant | Date |

Desired Starting Salary: _____