



50 West Market Street ■ Campbelltown, PA 17010

**717-838-6211**

# Application for Employment

Equal Opportunity Employer

**Name:** \_\_\_\_\_

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

## Personal Information

Address:	
SSN:	

Phone(s):	
Email:	

## Employment Desired

Position:	
Presently Employed?	Yes      No
Date Available to start:	

Hourly rate desired:	
OK to contact current employer?	Yes      No

Have you previously applied at this location?	Yes	No	When?
---	-----	----	-------

## Education

	School Name/Location	Dates Attended	Did you graduate?	Field(s) of Study
High School:			Yes No	

College:			Yes No	
----------	--	--	-----------	--

Other:			Yes No	
--------	--	--	-----------	--

Please list any other education, training or special skills:

**Previous Employment** (Please list starting with most recent.)

From (mo/yr):	To (mo/yr):	Employer Name/Address/Phone
Position/Duties		

OK to contact?	Reason for leaving
Yes	
No	
Salary	

From (mo/yr):	To (mo/yr):	Employer Name/Address/Phone
Position/Duties		

OK to contact?	Reason for leaving
Yes	
No	
Salary	

From (mo/yr):	To (mo/yr):	Employer Name/Address/Phone
Position/Duties		

OK to contact?	Reason for leaving
Yes	
No	
Salary	

**References** (Please list 3 people who are not related to you and whom you have known for at least 1 year.)

Name	Years Known	Relationship	Contact Information

**Authorization:** I certify that the facts contained in this application are true and complete to the best of my knowledge and understand that, if employed, falsified statements on this application shall be grounds for dismissal. I authorize investigation of all statements contained herein and the references and employers listed above to give you any and all information concerning my previous employment and any pertinent information they may have, personal or otherwise, and release the company from all liability for damage that may result from utilization of such information. I also understand and agree that no representative of the company has any authority to enter into any agreement for employment for any specified period of time, or to make any agreement contrary to the foregoing, unless it is in writing and signed by an authorized company representative. This waiver does not permit the release or use of disability-related or medical information in a manner prohibited by the Americans with Disabilities Act (ADA) and other relevant federal and state laws.

Signature: \_\_\_\_\_

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