## **EMPLOYMENT APPLICATION**

Please complete the entire application.

## 1. Employer Information

Employer: The 940 Junction LLC

Address: 1879 PA ROUTE 940

City/State/ZIP: Pocono Pines, Pennsylvania 18350

Telephone: 610-812-1435

It is the policy of The 940 Junction LLC to provide equal employment opportunities to all applicants and employees without regard to any legally protected status such as race, color, religion, gender, national origin, age, disability or veteran status.

## 2. Applicant Information

Home Address:		
City/State/ZIP:		
Number of years at th	is address:	
Daytime phone:	Evening phone:	
Mobile phone:		
Social Security Numb	er:	
Driver's License (Stat	e/Number):	
3. Emergency C Who should be contact	ontact eted if you are involved in an emergency?	
Contact Name:		
Relationship to you:		
Address:		
City/State/ZIP:		
Daytime phone:	Evening phone:	

4.	Job Position Applied For: Cashier / Food Server					
5.	Who referred you to our company?					
	Do you have any friends or relatives who work here? If yes, please list here:					
6.	Have you applied to our company previously? Yes No					
If yes,	when?					
7.	Are you at least 18 years old?YesNo					
8.	How will you get to work?					
9.	Are you willing to work any shift, including nights and weekends? Yes No If no, please state any limitations:					
10.	If applicable, are you available to work overtime? Yes No					
11.	If you are offered employment, when would you be available to begin work?					

12.	If hired, are you able to submit proof that you are legally eligible for				
employ	yment in the United States? Yes	1	No		
13.	Are you able to perform the essential function	ons of the job positio	on you seek with		
or with	nout reasonable accommodation?	Yes	No		
	What reasonable accommodation, if any, w	ould you request?			
14.	Have you ever been convicted of a felony of	or misdemeanor?			
	Yes, I was convicted of(date) in		on		
	(date) in	(city),	(state)		
	No				
AUTO	EXISTENCE OF A CRIMINAL RECORD DMATIC BAR TO EMPLOYMENT UNLE OYMENT.				
15.	Applicant's Skills				

Check those skills that you have. List any other skills that may be useful for the job you are seeking. Enter the number of years of experience, and circle the number which corresponds to your ability for each particular skill. (One represents poor ability, while five represents exceptional ability.)

		Ability or			
Skill	Years of Experience	Rating			
[] Customer service		12345			
[] Food service		12345			
[] Cashier		12345			
		12345			
		12345			
16. Applicant Employment History  List your current or most recent employment first. Please list all jobs (including self-employment and military service) which you have held, beginning with the most recent, and list and explain any gaps in employment. If additional space is needed, continue on the back page of this application.					
Employer Name:					
Supervisor Name:					

Address:	
City/State/ZIP:	
Job Duties:	
Reason for Leaving:	
Dates of Employment	(Month/Year):
Employer Name:	
Supervisor Name:	
Address:	
City/State/ZIP:	
Job Duties:	
Reason for Leaving:	
Dates of Employment	(Month/Year):
Employer Name:	
Supervisor Name:	

Address:					
City/State/ZIP:					
Job Duties:					
Reason for Leaving:					
Dates of Employment	(Month/Yea	nr):			
17. Applicant's Ed		_			
			No	If yes, degree(s) recei	ived:
High School/GED Na	me and Add	lress 			
Did you receive a deg Other Training (gradua					
Please indicate any cur	rent profess	ional license	s or certifica	ations that you hold:	
Awards, Honors, Spec	ial Achieve	ments:			
Military Service: Yes N	Io				

Branch:		
Specialized Training	ng:	
18. Reference	es	
List any two non-	relatives who would be willing to provide a refe	rence for you.
Name:		
Address:		
City/State/ZIP:		
Telephone:		
Relationship:		
Name:		
Address:		
City/State/ZIP:		
Telephone:		
Relationship:		

19.	Please provide any other information that you believe should be considered, including whether you are bound by any agreement with any current employer:				

## **CERTIFICATION**

I certify that the information provided on this application is truthful and accurate. I understand that providing false or misleading information will be the basis for rejection of my application, or if employment commences, immediate termination.

I authorize The 940 Junction LLC to contact former employers and educational organizations regarding my employment and education. I authorize my former employers and educational organizations to fully and freely communicate information regarding my previous employment, attendance, and grades. I authorize those persons designated as references to fully and freely communicate information regarding my previous employment and education.

If an employment relationship is created, I understand that unless I am offered a specific written contract of employment signed on behalf of the organization by its Owner, the employment relationship will be "at-will." In other words, the relationship will be entirely voluntary in nature, and either I or my employer will be able to terminate the employment relationship at any time and without cause. With appropriate notice, I will have the full and complete discretion to end the employment relationship when I choose and for reasons of my choice. Similarly, my employer will have the right. Moreover, no agent, representative, or employee of The 940 Junction LLC, except in a specific written contract of employment signed on behalf of the organization by its Owner, has the power to alter or vary the voluntary nature of the employment relationship.

I HAVE CAREFULLY READ THE ABOVE CERTIFICATION AND I UNDERSTAND AND AGREE TO ITS TERMS.

Date			