

# Application for Employment

## Emmanuel Home

800 Priestley Ave., Northumberland, PA 17857 Phone # 570-473-0500

AN EQUAL OPPORTUNITY EMPLOYER <sup>A3</sup>

<b>NAME</b>	<b>SOCIAL SECURITY NO.</b>
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<b>CITY</b>	<b>STATE</b>	<b>ZIP</b>
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<b>ARE YOU 18 YEARS OR OLDER?</b>	<b>YES</b>	<b>NO</b>	<b>Phone #</b> _____
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### DESIRED EMPLOYMENT

<b>POSITION</b>	<b>DATE YOU CAN START</b>	<b>SALARY DESIRED</b>
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<b>ARE YOU EMPLOYED NOW</b>	<b>YES</b>	<b>NO</b>	<b>WHERE</b>
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<b>MAY WE CONTACT YOUR PRESENT EMPLOYER</b>	<b>YES</b>	<b>NO</b>	
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<b>CONTACT PERSON OF PRESENT EMPLOYMENT</b>	<b>PHONE #</b>
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<b>REASON FOR LEAVING</b>	
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<b>Are you willing to fill in when asked?</b>	<b>Yes</b>	<b>No</b>	
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<b>Are you willing to report to work a few minutes early to get started?</b>	<b>Yes</b>	<b>No</b>	
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### EDUCATION

<b>SCHOOL</b>	<b>NAME AND LOCATION OF SCHOOL</b>	<b>NO. YRS ATTENDED</b>	<b>DID YOU GRADUATE</b>	<b>SUBJECTS STUDIED</b>
HIGH SCHOOL				
COLLEGE				
TRADE, BUSINESS, OTHER				

<b>SPECIAL TRAINING OR COURSES</b>
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<b>REMARKS</b>
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**APPLICATION FOR EMPLOYMENT**

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Former Employers - List Below the last three employers, starting with the most recent

NAME OF PRESENT OR LAST EMPLOYER

ADDRESS CITY STATE ZIP

STARTING DATE LEAVING DATE JOB TITLE

NAME OF SUPERVISOR TITLE PHONE

DESCRIPTION OF WORK

REASON FOR LEAVING 2 WEEK NOTICE GIVEN? YES NO

NAME OF PREVIOUS EMPLOYER

ADDRESS CITY STATE ZIP

STARTING DATE LEAVING DATE JOB TITLE

NAME OF SUPERVISOR TITLE PHONE

DESCRIPTION OF WORK

REASON FOR LEAVING 2 WEEK NOTICE GIVEN? YES NO

NAME OF PREVIOUS EMPLOYER

ADDRESS CITY STATE ZIP

STARTING DATE LEAVING DATE JOB TITLE

NAME OF SUPERVISOR TITLE PHONE

DESCRIPTION OF WORK

REASON FOR LEAVING 2 WEEK NOTICE GIVEN? YES NO

REFERENCES - GIVE THE NAMES OF THREE PERSONS YOU ARE NOT RELATED TO, WHO YOU HAVE KNOWN AT LEAST ONE YEAR

	NAME	ADDRESS/BUSINESS	PHONE #	YRS KNOWN
1				
2				
3				

MILITARY SERVICE - BRANCH DISCHARGE DATE

HAVE YOU EVER BEEN CONVICTED OF A CRIME OR FELONY? YES NO

**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 ANY 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."

DATE

SIGNATURE