



P.O. Box 6225 Wyomissing, PA 19610  
484-256-0503

**APPLICATION FOR EMPLOYMENT**

Applicants are considered for all positions without regard to race, color, religion, sex, national origin, age, marital or veteran status, sexual orientation, political affiliation, or disability.

Position Desired \_\_\_\_\_ Date of Application \_\_\_\_\_

**PERSONAL INFORMATION**

\_\_\_\_\_-\_\_\_\_\_-\_\_\_\_\_  
Social Security No.

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

\_\_\_\_\_  
Address City State Zip

(\_\_\_\_)\_\_\_\_\_-\_\_\_\_\_  
Phone No. (mobile / Home) Driver License No. E-Mail Address

Date available to start? \_\_\_\_\_ Salary Desired? \_\_\_\_\_

Are you legally eligible to work in the United States?  Yes  No

Have you ever been convicted of a felony or misdemeanor?  Yes  No

Are you currently employed? (If yes, employers name) \_\_\_\_\_

Are you or have you ever served in the U.S. Military Service?  Yes  No

If yes, Branch \_\_\_\_\_ Rank \_\_\_\_\_ Discharge Date \_\_\_\_\_

List any special training or skills you received \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

List professional trade or business organizations to which you belong and offices held \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**EDUCATION**

	NAME AND ADDRESS OF SCHOOL	YEARS ATTENDED	DID YOU GRADUATE	DIPLOMA / DEGREE
HIGH				
COLLEGE				
OTHER				

**FORMER EMPLOYERS**

(List below your last two employers within five years)

\_\_\_\_\_  
Name & Address of Employer

\_\_\_\_\_  
From

\_\_\_\_\_  
To

\_\_\_\_\_  
Position

\_\_\_\_\_  
Salary

\_\_\_\_\_  
Reason for leaving

\_\_\_\_\_  
Name & Address of Employer

\_\_\_\_\_  
From

\_\_\_\_\_  
To

\_\_\_\_\_  
Position

\_\_\_\_\_  
Salary

\_\_\_\_\_  
Reason for leaving

**REFERENCES**

(Give the names of three persons not related to you and have known you for at least one year)

Name

Address

Phone No.

Years

1. \_\_\_\_\_

2. \_\_\_\_\_

3. \_\_\_\_\_

IN CASE OF AN EMERGENCY CONTACT: \_\_\_\_\_

Name

Address

Phone No.

I certify that all information submitted by me on this application is true and correct. I understand that any false information, omissions or misrepresentations are discovered, my application may be rejected and if employed, my employment may be terminated at any time. In consideration of my employment, I agree to confirm to the company's rules and regulations and I agree that my employment and compensation can be terminated with or without notice at any time at either mine or the company's option.

I also understand and agree that the terms and condition of my employment may be changed with or without cause and with or without notice at any time by the company. I understand that no company representative, other than its president and then only in writing and signed by the president, has authority to enter into any agreement for employment for any specific period of time, or to make any agreement contrary to the foregoing.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

**DO NOT WRITE BELOW THIS LINE**

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

Remarks: \_\_\_\_\_

\_\_\_\_\_

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

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

Salary / Wage: \_\_\_\_\_

Reason for Termination: \_\_\_\_\_