



1770 Stefko Blvd. Bethlehem, PA 18017
610-867-0586

APPLICATION FOR EMPLOYMENT

Prospective employees will receive consideration without discrimination because of race, creed, color, sex, age, national origin, handicap or veteran status.

P E R S O N A L	Last Name	First	Middle	Date
	Street Address			Home Telephone ()
	City, State, Zip			Business Telephone ()
	Have you ever applied for employment with us? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes: Month and Year _____ Location _____			Social Security #
	Position Desired			Pay Expected
	Apart from absence for religious observance, are you available for full time work? <input type="checkbox"/> Yes <input type="checkbox"/> No If not, what hours can you work? _____			Will you work overtime if asked? <input type="checkbox"/> Yes <input type="checkbox"/> No
	Are you legally eligible for employment in the United States?			When will you be available to begin work? _____
	Other special training or skills (languages, machine operation, etc.)			

E D U C A T I O N	SCHOOL	Name and Location of School	Course of Study	No. of Years Completed	Year Graduated
	Graduate				
	College				
	Business/Trade/Technical				
	High School				

EMPLOYMENT	Please give accurate, complete full-time and part-time employment record. Start with your present or most recent employer.
-------------------	--

1	Company Name	Telephone ()
	Address	Employed (<i>State month and year</i>) From To
	Name of Supervisor	Weekly Pay Start Last
	State Job Title and Describe Your Work	Reason For Leaving

2	Company Name	Telephone ()
	Address	Employed (<i>State month and year</i>) From To
	Name of Supervisor	Weekly Pay Start Last
	State Job Title and Describe Your Work	Reason For Leaving

3	Company Name	Telephone ()
	Address	Employed (<i>State month and year</i>) From To
	Name of Supervisor	Weekly Pay Start Last
	State Job Title and Describe Your Work	Reason For Leaving

4	Company Name	Telephone ()
	Address	Employed (<i>State month and year</i>) From To
	Name of Supervisor	Weekly Pay Start Last
	State Job Title and Describe Your Work	Reason For Leaving

We may contact the employers listed above unless you indicate those you do not want us to contact	<i>DO NOT CONTACT</i>
	Employer Number(s) _____ Reason: _____

DO NOT ANSWER ANY QUESTIONS IN THIS SECTION UNLESS THE BOX IS CHECKED

If the employer has checked the box next to the question, the information requested is needed for a legally permissible reason, including, without limitation, national security considerations, a legitimate occupational qualification or business necessity. The Civil Rights Act of 1964 prohibits discrimination in employment because of race, color, religion, sex or national origin. Federal law also prohibits discrimination based on age and citizenship. The laws of most States also prohibits some or all of the above types of discrimination as well as some additional types such as discrimination based upon ancestry, marital status or physical or mental handicap or disability.

PERSONAL REFERENCES (Not former employers or relatives)

Name	Relationship or Title	Phone ()
Name	Relationship or Title	Phone ()
Name	Relationship or Title	Phone ()

<input type="checkbox"/>	Number of dependents including yourself	Sex <input type="checkbox"/> Male <input type="checkbox"/> Female	Are you a Vietnam Veteran <input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/>	Marital Status <input type="checkbox"/> Single <input type="checkbox"/> Engaged <input type="checkbox"/> Married <input type="checkbox"/> Separated <input type="checkbox"/> Divorced <input type="checkbox"/> Widowed		Date of Marriage <input type="checkbox"/> Are you a US Citizen <input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/>	What was your previous address		How long at present address <input type="checkbox"/> _____ years How long at previous address <input type="checkbox"/> _____ years
<input type="checkbox"/>	Have you ever been bonded? <input type="checkbox"/> Yes <input type="checkbox"/> No If "Yes" with what employers?		Are you over 18 years of age <input type="checkbox"/> Yes <input type="checkbox"/> No <i>If not, employment is subject to verification of age</i>
<input type="checkbox"/>	Have you been convicted of a crime in the past ten years, excluding misdemeanors and summary offenses, which has not been annulled, expunged or sealed by a court. <input type="checkbox"/> Yes <input type="checkbox"/> No If "Yes" describe in full:		
<input type="checkbox"/>	Are there days you cannot work? When:	Do you own a car? <input type="checkbox"/> Yes <input type="checkbox"/> No Do you have a driver's license? <input type="checkbox"/> Yes <input type="checkbox"/> No	Do you consider yourself to be a good salesman? <input type="checkbox"/> Yes <input type="checkbox"/> No

S I G N A T U R E	The information provided in the Application for Employment is true, correct, and complete. If employed, any misstatement or omission of fact on this application may result in my dismissal. I understand that acceptance of an offer of employment does not create a contractual obligation upon the employer to continue to employ me in the future. If you decide to engage an investigative consumer reporting agency to report on my credit and personal history. I authorize you to do so. If a report is obtained you must provide, at my request, the name of the agency so I may obtain from them the nature and substance of the information contained in the report.	
	_____ Date	_____ Signature

FOR EMPLOYER USE ONLY

R E F E R E N C E C H E C K	Employer	Person Contacted	Results
	1		
	2		
	3		
	4		

PERSONAL REFERENCE CHECK

Name	Results
Name	Results
Name	Results

I N T E R V I E W R E S U L T S	Interviewer Name and Comments