Nottingham Township 909 Sugar Run Road Eighty Four, PA 15330

PLEASE PRINT ALL INFORMATION REQUESTED **EXCEPT SIGNATURE**

APPLICATION FOR EMPLOYMENT

APPLICANTS MAY BE TESTED FOR ILLEGAL DRUGS

PLEASE COMPLETE F	DATE				
Name	······································				
Present address	Last	First	Mide	dle	Maiden
	Number	Street	City	State Zip	
How long	 -		Social Securi	ty No	
Telephone ()					
If under 18, please list a	age				
Position applied for (1) and salary desired (2) (Be specific)			No Pref Mon Tue	urs available to wo	
How many hours can yo	ou work weekly?		Can you	ı work nights?	
Employment desired	□FULL-TIME ONLY	□PART-TIM	IE ONLY	□FULL- OR PA	ART-TIME
When available for work	⟨?	·			
TYPE OF SCHOOL	NAME OF SCHOOL	LOCATION (Complete mai address)		JMBER OF YEAR COMPLETED	S MAJOR & DEGREE
High School					
College					
Bus. or Trade School					
Professional School	,			·	
HAVE YOU EVER BEE	EN CONVICTED OF A CR	IME?	10	☐ Yes	
If yes, explain number committed, sentence(s	of conviction(s), nature of) imposed, and type(s) of r	offense(s) leading ehabilitation.	to conviction	(s), how recently s	such offense(s) was/were

PLEASE PRINT ALL
INFORMATION REQUESTED
EXCEPT SIGNATURE

APPLICATION FOR EMPLOYMENT	
DO YOU HAVE A DRIVER'S LICENSE?	
What is your means of transportation to work?	
Driver's license number State of issue Operator	eur
Have you had any accidents during the past three years? How many? How Many?	
OFFICE ONLY	
☐ Yes ☐ Yes Word ☐ Yes Typing ☐ NoWPM 10-key ☐ No Processing ☐ NoWF	,W
Personal Q Yes PC Q Other	
Please list two references other than relatives or previous employers.	
Name Name	
Position Position	
Company Company	
Address Address	
Telephone () Telephone ()	
An application form sometimes makes it difficult for an individual to adequately summarize a complete background. Use space below to summarize any additional information necessary to describe your full qualifications for the specific positio which you are applying.	the n for

PLEASE PRINT ALL INFORMATION REQUESTED EXCEPT SIGNATURE

· · · · · · · · · · · · · · · · · · ·		

EXCEPT SIGNATURE	APPLICATION FOR	R EMPLOYMENT		
	MILITA	ARY		
HAVE YOU EVER BEEN IN THE ARME ARE YOU NOW A MEMBER OF THE N	BTOROLO:	⊒Yes □No □Yes □!	Νο	
Specialty			Discharge Date	
Al-1. Place list your work o	xperience for the past fi yed, give firm name. At	ive years beginning	with your most recent jets if necessary.	ob held.
Name of employer Address		Name of last supervisor	Employment dates	Pay or salary
City, State, Zip Code Phone number			From	Start
, Hono Hambo			То	Final
		Your last job title		
List the jobs you held, duties performed	l, skills used or learned,	advancements or pro	omotions while you wo	rked at this
Reason for leaving (be specific) List the jobs you held, duties performed company.	l, skills used or learned,	advancements or pro	omotions while you wo	rked at this
List the jobs you held, duties performed	I, skills used or learned,	advancements or pro	omotions while you wo	rked at this
List the jobs you held, duties performed company. Name of employer Address City, State, Zip Code	I, skills used or learned,	Name of last		· · · · · · · · · · · · · · · · · · ·
List the jobs you held, duties performed company. Name of employer Address	I, skills used or learned,	Name of last	Employment dates	Pay or salary
List the jobs you held, duties performed company. Name of employer Address City, State, Zip Code	I, skills used or learned,	Name of last	Employment dates From To	Pay or salary
List the jobs you held, duties performed company. Name of employer Address City, State, Zip Code	I, skills used or learned,	Name of last supervisor	Employment dates From To	Pay or salary
List the jobs you held, duties performed company. Name of employer Address City, State, Zip Code Phone number		Name of last supervisor Your Last Job Title	Employment dates From To	Pay or salary Starτ Final
List the jobs you held, duties performed company. Name of employer Address City, State, Zip Code Phone number Reason for leaving (be specific) List the jobs you held, duties performe		Name of last supervisor Your Last Job Title	Employment dates From To	Pay or salary Starτ Final

PLEASE PRINT ALL INFORMATION REQUESTED EXCEPT SIGNATURE

APPLICATION FOR EMPLOYMENT

Work Please list your work experie experience If you were self-employed, g	ence for t	he past f name. At	īve years beginning tach additional she	with your most recent jets if necessary.	ob held.
Name of employer Address			Name of last supervisor	Employment dates	Pay or salary
City, State, Zip Code Phone number				From	Start
				То	Final
			Your last job title		
Reason for leaving (be specific)					
List the jobs you held, duties performed, skills company.	s used or	learned,	advancements or pr	omotions while you wo	rked at this
Name of employer Address			Name of last supervisor	Employment dates	Pay or salary
City, State, Zip Code Phone number				From	Start
				То	Final
	- ·- ·		Your last job title		
Reason for leaving (be specific)					
List the jobs you held, duties performed, skill company.	s used o	r learned	, advancements or p	romotions while you wo	orked at this
May we contact your present employer?	□ Yes	□ No			
Did you complete this application yourself	☐ Yes	□ No			

PL	EASE	READ) CAR	EFULL	Υ
----	------	------	-------	-------	---

APPLICATION FORM WAIVER

In exchange for the consideration of my job application by Company"), I agree that:	(hereinafter called "the
Neither the acceptance of this application nor the subsequent of relationship, either in the position applied for or any other position employee handbooks, personnel manuals, benefit plans, policy from time to time, or other Company practices, shall serve to demployment, or to confer any right to remain an employee of respect the employment-at-will relationship between it and the altered except by a written instrument signed by the President undersigned and may end the employment relation or reason. If employed, I understand that the Company may upolicies and procedures and such changes may include reductive.	ion, and regardless of the contents of a statements, and the like as they may exist reate an actual or implied contract of, or otherwise to change in any undersigned, and that relationship cannot be a longer of the Company. Both the tionship at any time, without specified notice nilaterally change or revise their benefits,
I authorize investigation of all statements contained in this app misrepresentation or omission of facts called for is cause for di notice. I hereby give the Company permission to contact scho indicated), references, and others, and hereby release the Cor contract.	ismissal at any time without any previous ols, previous employers (unless otherwise
I also understand that (1) the Company has a drug and alcohotesting as well as testing after employment; (2) consent to and my employment; and (3) continued employment is based on the policy. I further understand that continued employment may be related physical examinations.	compliance with such policy is a condition of ne successful passing of testing under such
I understand that, in connection with the routine processing of may request from a consumer reporting agency an investigation my credit records, character, general reputation, personal charequest from me, the Company, will provide me with additional of any such report requested by it, as required by the Fair Credit.	ve consumer report including information as to racteristics, and mode of living. Upon written I information concerning the nature and scope
I further understand that my employment with the Company sl days, and further that at any time during the probationary peri- the Company is terminable at will for any reason by either par	od or thereafter, my employment relation with
Signature of applicant	Date:

This Company is an equal employment opportunity employer. We adhere to a policy of making employment decisions without regard to race, color, religion, sex, sexual orientation, national origin, citizenship, age or disability. We assure you that your opportunity for employment with this Company depends solely on your qualifications.

Thank you for completing this application form and for your interest in our business.