



# APPLICATION FOR EMPLOYMENT

(PLEASE PRINT CLEARLY)

11 LaFayette Street  
P.O. Box 1994  
St. Marys, PA 15857  
(814) 781-1718

This institution does not discriminate in hiring or employment on the basis of race, color, religious creed, national origin, sex ancestry, or on the basis of age or physical or mental disability unrelated to ability to perform the work required. No question on this application is intended to secure information to be used for such discrimination. This application will be given every consideration, however its receipt does not imply that the applicant will be employed.

## PERSONAL INFORMATION

Date of Application \_\_\_\_\_

Date Available \_\_\_\_\_

NAME \_\_\_\_\_  
LAST FIRST MIDDLE

PRESENT ADDRESS \_\_\_\_\_ Phone Number \_\_\_\_\_  
STREET CITY STATE ZIP

PERMANENT ADDRESS \_\_\_\_\_ Phone Number \_\_\_\_\_  
(If different than Present) STREET CITY STATE ZIP

If you cannot be reached at above phone number, where may we contact you? Name of Person \_\_\_\_\_ Phone \_\_\_\_\_

Are you legally eligible for employment in this country?  Yes  No (Proof of U.S. citizenship or immigration status may be required upon employment)

## EMPLOYMENT DESIRED

TYPE OF WORK DESIRED	DESIRED SALARY
First Choice	
Second Choice	
Third Choice	

WILL YOU ACCEPT EMPLOYMENT OF: FULL TIME? \_\_\_\_\_ PART TIME? \_\_\_\_\_

Are You Employed Now? \_\_\_\_\_ May We Contact Your Present Employer? \_\_\_\_\_

If No, Why? \_\_\_\_\_

Are you 18 Yrs of Age or Older? \_\_\_\_\_ How Did You Learn of This Opening? \_\_\_\_\_

## EDUCATION

CIRCLE HIGHEST GRADE COMPLETED 8 9 10 11 12 13 14 15 16 SCHOLASTIC HONORS RECEIVED \_\_\_\_\_

	NAME OF SCHOOL	LOCATION (CITY, STATE)	COURSES TAKEN
GRAMMAR OR GRADE SCHOOL			
HIGH SCHOOL			
COLLEGE			
VOCATIONAL OR BUSINESS			

Extracurricular Activities While in School \_\_\_\_\_

Members of Professional Organizations \_\_\_\_\_

Honors Received, Volunteer or Community Service or Other Qualifications You Have Which You Feel Are Related to the Position for Which You Are Applying: \_\_\_\_\_

Have You Ever Been in the U.S. Armed Forces? \_\_\_\_\_ What is You Present Selective Service Classification? \_\_\_\_\_ Are You Presently a Member of Reserves or National Guard? \_\_\_\_\_ If So, When Is Your Enlistment Up? \_\_\_\_\_

**PROFESSIONAL LICENSES AND/OR CERTIFICATIONS**

TYPE	ORGANIZATION OR STATE ISSUED	DATE ISSUED	NUMBER	VERIF.
TYPE	ORGANIZATION OR STATE ISSUED	DATE ISSUED	NUMBER	
TYPE	ORGANIZATION OR STATE ISSUED	DATE ISSUED	NUMBER	

**EMPLOYMENT RECORD** (list last or present position first)

PRESENT AND FORMER EMPLOYERS	DATES EMPLOYED	SALARY RANGE	POSITION & DUTIES	REASON FOR LEAVING
Name _____ Address _____ Supervisors Name _____ Phone _____	From	Starting		
	To	Ending		
Name _____ Address _____ Supervisors Name _____ Phone _____	From	Starting		
	To	Ending		
Name _____ Address _____ Supervisors Name _____ Phone _____	From	Starting		
	To	Ending		
Name _____ Address _____ Supervisors Name _____ Phone _____	From	Starting		
	To	Ending		

Please explain all periods of unemployment. \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

If your former employment references, education or military service are under a name other than indicated on front of application, please indicate below.

\_\_\_\_\_ LAST FIRST MIDDLE INITIAL

Have you ever been convicted of a crime? \_\_\_\_\_ If so, for what, when and where? \_\_\_\_\_

A conviction(s) will not necessarily bar employment. The nature and time of the offense will be considered.

USE THIS SPACE TO GIVE US FURTHER INFORMATION WHICH WILL ASSIST US IN PLACING YOU, INCLUDING AT LEAST TWO PERSONAL REFERENCES NOT RELATED TO YOU, WHOM YOU HAVE KNOWN AT LEAST ONE YEAR.

\_\_\_\_\_  
 \_\_\_\_\_

Do you consider yourself to be able to perform all of the duties required by the job(s) for which you are making application without endangering yourself, other employees \_\_\_\_\_ If no, please explain: \_\_\_\_\_

\_\_\_\_\_

I voluntarily give this institution the right to make a thorough investigation of my past employment and activities, agree to cooperate in such investigation and release from all liability or responsibility all persons, companies or corporations supplying such information. I consent to take the post-offer physical examination, and such future physical examinations as may be required by this institution at such times and places as the institution shall designate.

I understand that I will be required to follow the personnel policies and rules of the institution and that infractions of said rules may lead to dismissal. I also understand that my employment may be terminated for any misstatement or omission of fact appearing on this application form.

I further understand that this institution follows equal employment practices and there is no discrimination in the hiring of individuals based on sex, race, religion, age, or physical or mental disability unrelated to ability to perform the work required.

It is understood and agreed that any misrepresentation by me in this application will be sufficient cause for cancellation of this application and/or separation from the employer's service if I have been employed. Furthermore, I understand that just as I am free to resign at any time, for any reason, the employer reserves the right to terminate my employment at any time, for any reason. I understand that no representative of the employer has the authority to make assurances of the contrary except the President by signed writing.

I understand that if I am employed it will be on a probationary or trial basis for a period of time to be determined at the date of hire. Upon my termination I authorize the release of reference information on my work.

\_\_\_\_\_  
DATE

\_\_\_\_\_  
APPLICANT'S SIGNATURE

<b>FOR PERSONNEL OFFICE USE</b>			
Hired _____	For what department _____	Position _____	
Salary _____	per YEAR MONTH HOUR	Starting Date _____	