



1015 Harrisburg Pike
 Carlisle, PA 17013
 Ph 717-254-3747 Fax 717-254-3778

APPLICATION FOR EMPLOYMENT

Position(s) Applied For:	Date:
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Last Name	First Name	Middle Name
Address	Street	City
		State
		Zip Code
Telephone Number		

Best time to contact you is: _____

If you are under 18 years of age, can you provide required proof of your eligibility to work?

_____ Yes _____ No

Have you ever filed an application with us before?

_____ Yes _____ No

If Yes, give date _____

Have you ever been employed with us before?

_____ Yes _____ No

If Yes, give date _____

Do any of your friends or relatives, other than spouse, work here?

_____ Yes _____ No

If Yes, state name, relationship and location _____

Are you currently employed?

_____ Yes _____ No

May we contact your present employer?

_____ Yes _____ No

Are you prevented from lawfully becoming employed in this country because of Visa or Immigration Status ?

_____ Yes _____ No

Date available for work ____/____/____

What is your desired salary range?

Are you available to work: Full Time _____ Part Time _____ Temporary _____

Are you currently on "lay-off" status and subject to recall?

_____ Yes _____ No

Can you travel if a job requires it?

_____ Yes _____ No

We are an Equal Opportunity Employer. We consider all positions without regard to race, color, creed, gender, national origin, age, disability, marital or veteran status, or any other legally protected status.

EDUCATION				
School	Name and Address of School	Courses	Years Completed	Diploma/Degree
High School				
Undergraduate College				
Graduate/Professional				
Other (Specify)				

Work Experience (Start with present or most recent)			
Employer	Dates Employed		Work Performed
	From	To	
Address			
Telephone Number			
Present Job Title	Hourly Rate/Salary		
Supervisor			
Reason for Leaving		May We Contact? ____ Yes ____ No	
Employer	Dates Employed		Work Performed
	From	To	
Address			
Telephone Number			
Present Job Title	Hourly rate/Salary		
Supervisor			
Reason for Leaving		May We Contact? ____ Yes ____ No	
Employer	Dates Employed		Work Performed
	From	To	
Address			
Telephone Number			
Present Job Title	Hourly Rate/Salary		
Supervisor			
Reason for Leaving		May We Contact? ____ Yes ____ No	
Employer	Dates Employed		Work Performed
	From	To	
Address			
Telephone Number			
Present Job Title	Hourly Rate/Salary		
Supervisor			
Reason for Leaving		May We Contact? ____ Yes ____ No	

Describe any specialized training, apprenticeship, skills and extra-curricular activities**U.S. Military Service**

Branch: Rank: Years of Service: Date of Discharge:

Specialized Skills

____ Word Processing ____ Spreadsheet ____ PC/MAC ____ Notary
____ Forklift Operator ____ Foreign Language ____ Programming ____ Soldering
____ Shorthand ____ Typewriter
WPM ____ WPM ____

Have You Been Convicted of a Crime Within The Last 5 Years? ____ Yes ____ No If "Yes" Give Details

Is There Any Court Action Pending Against You? ____ Yes ____ No If "Yes" Give Details

Has Your Driver's License Been Suspended Within The Last 3 Years? ____ Yes ____ No If "Yes" Give Details

Do you have a valid driver's license? Yes No

Additional Information

Other Qualifications - Summarize special job-related skills and other qualifications not previously listed

Personal References (Do not include family members or past supervisors)

Name	Phone Number	Occupation	Years Acquainted

Applicant's Statement

I certify that answers given herein are true and complete.

I authorize investigation of all statements contained in this application for employment as may be necessary in arriving at an employment decision.

This application for employment shall be considered active for a period of time not to exceed 45 days.
Any applicant wishing to be considered for employment beyond this time should inquire as to whether or not applications are being accepted at that time.

In the event of employment, I understand that false or misleading information given in my application or interview(s) may result in discharge. I understand, also, that I am required to abide by all rules and regulations of the employer.

Signature of Applicant_____
Date