



1938 STOUT DRIVE - WARMINSTER, PA 18974

**APPLICATION FOR EMPLOYMENT**

Date of Application \_\_\_\_\_ Position Applying For: \_\_\_\_\_

Date you are available: \_\_\_\_\_ Salary Desired: \_\_\_\_\_

**PERSONAL**

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

Address: \_\_\_\_\_  
Street City, State, Zip

Telephone: \_\_\_\_\_ (Day) \_\_\_\_\_ (Evening)

Social Security No: \_\_\_\_\_

**Motor Vehicle Information**

Please provide if you are applying for a position which requires driving company vehicle.

Driver's License Number \_\_\_\_\_ State: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Check the appropriate box for each question:

Have you ever been denied a driver's license or had one suspended or revoked? Yes  No

Have you had any violations in the past 3 years? Yes  No

Have you had any auto accidents in the past 3 year? Yes  No

If the answer to any question was "Yes" please explain (give dates ov violations and/or accidents). \_\_\_\_\_

**EDUCATION**

High School \_\_\_\_\_  
Name/City Major Year of Graduation

College \_\_\_\_\_  
Name/City Major Year of Graduation

Business/Trade \_\_\_\_\_  
Name/City Major Year of Graduation

Additional skills, education and/or training related to the position you are applying for: \_\_\_\_\_



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**PREVIOUS EMPLOYMENT**

Please list last three employers (begin with most recent)

Employer Name \_\_\_\_\_ Supervisor \_\_\_\_\_

Address \_\_\_\_\_ Telephone No. \_\_\_\_\_

Dates of Employment: From \_\_\_\_\_ Thru \_\_\_\_\_ Salary: \_\_\_\_\_

Duties/Responsibilities: \_\_\_\_\_

Reason for Leaving: \_\_\_\_\_ May we contact? Yes  No

Employer Name \_\_\_\_\_ Supervisor \_\_\_\_\_

Address \_\_\_\_\_ Telephone No. \_\_\_\_\_

Dates of Employment: From \_\_\_\_\_ Thru \_\_\_\_\_ Salary: \_\_\_\_\_

Duties/Responsibilities: \_\_\_\_\_

Reason for Leaving: \_\_\_\_\_ May we contact? Yes  No

Employer Name \_\_\_\_\_ Supervisor \_\_\_\_\_

Address \_\_\_\_\_ Telephone No. \_\_\_\_\_

Dates of Employment: From \_\_\_\_\_ Thru \_\_\_\_\_ Salary: \_\_\_\_\_

Duties/Responsibilities: \_\_\_\_\_

Reason for Leaving: \_\_\_\_\_ May we contact? Yes  No

**REFERENCES**

Please list any personal references you would like us to contact

\_\_\_\_\_  
Name Address Telephone No.

\_\_\_\_\_  
Name Address Telephone No.



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I certify all information given on this application and any supporting information is true and complete and I authorize a complete investigation. I agree that, if hired, I may be discharged if the Company, at any time learns of any falsification or material omission in the information I have provided and if discovered prior to hire, I would be ineligible for consideration for this position but future positions as well. I authorize the Company to contact all former and current employer references listed and all educational institutions. All references are authorized to release all information requested which they might have about me. I hereby release this company and all references from any liability which might be claimed because of information provided by such references.

I agree that, if hired, I will follow all company policies, rules, procedures and all other directions. I understand I may terminate my employment at any time for any reason without prior notice. I agree that if I am hired, I will be employed at the will of the company and my employment can be terminated at any time, with or without notice.

I understand the company is committed to promoting safety and high standards of employee performance, productivity and reliability. In order to achieve this, all finalists will be subjected to a drug test prior to being hired to assure the company the applicant does not currently have narcotics, sedatives, stimulants, and other controlled substances and/or mood-altering substances in their body. I understand if I have any such substance in my body at the time of the drug test, the company will not hire me. I further understand if at any time during my employment with this company, my supervisor, or any other manager, may require, as a term and condition of continued employment, a substance test if they have a reasonable suspicion that I am under the influence of any substance that might result in harm to myself or others. I further agree to undergo a physical examination, at the company's expense, at any time the company makes such a request.

I further understand that if I am selected as a finalist for any position with this company, they will do an investigation of criminal convictions. (NOTE: You will not be automatically excluded from consideration if you have been convicted of a crime. Your suitability for the position sought will be evaluated based upon the totality of circumstances, such as: the nature of the crime, the recency of the conviction, the type of work involved, etc.)

I understand the company reserves the right to add to, change and/or delete their policies, procedures, work rules and benefits at any time and that no one in the Company has the authority to enter in to any agreement, for any particular period of time, or contrary to the above terms, unless that agreement is set forth in writing and signed by the President of the Company.

\_\_\_\_\_  
Applicant Signature

\_\_\_\_\_  
Date

Note: No consideration of employment will be given to any applicant that does not sign the above statement.