**F.A. Rohrbach, LLC**

**1302 North 18th Street**

**Allentown, PA 18104**

**APPLICATION FOR EMPLOYMENT**

We consider applications for all positions without regard to race, color, religion, sex, national origin, age, marital or veteran status, disability, or any other legally protected status.

**PLEASE PRINT OR TYPE**

Position(s) applied for\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

How did you learn of us? Friend Walk-In Employment Agency Relative Other

|  |  |  |
| --- | --- | --- |
| Last Name | First Name | Middle Name |
|  |  |  |
| ADDRESS  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Number Street City State ZIP  Social Security Number: Telephone Numbers: | | |

YES NO

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

Have you ever filed an application with us before? If yes, give date \_\_\_\_\_\_\_\_ \_\_\_\_ \_\_\_\_

Have you ever been employed with us before? If yes, give date \_\_\_\_\_\_\_\_ \_\_\_\_ \_\_\_\_

Are you currently employed? \_\_\_\_ \_\_\_\_

May we contact your present employer? \_\_\_\_ \_\_\_\_

Are you legally authorized to work in the United States? \_\_\_\_ \_\_\_\_

*Proof of citizenship or immigration status will be required upon employment.*

On what date would you be available to work? \_\_\_\_\_\_\_\_

Are you available to work: (Circle One) Full Time Part Time Shift Work Temporary

Are you currently on “lay-off” status and subject to recall? \_\_\_\_ \_\_\_\_

Can you travel if a job requires it? \_\_\_\_ \_\_\_\_

Minimum Salary Required: \_\_\_\_\_\_\_\_

Have you been convicted of a felony within the past 7 years? \_\_\_\_ \_\_\_\_

*Conviction will not necessarily disqualify an applicant from employment.*

If yes, please explain \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**EDUCATION:**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | **Elementary School** | **High School** | **Undergraduate**  **College/University** | **Graduate-Professional** |
| **School Name/Location** |  |  |  |  |
| **No. of Years Completed** |  |  |  |  |
| **Diploma/Degree** |  |  |  |  |
| **Describe Course of Study** |  |  |  |  |

|  |  |
| --- | --- |
| **Describe any specialized training, apprenticeship, skills**  **And extracurricular activities:** |  |
| **Describe any honors you have received:** |  |
| **State any additional information you feel may be helpful to us in considering your application:** |  |

**List professional, trade, business or civic activities and offices held**. *You may exclude memberships which would reveal sex, race, color, religion, national origin, age, ancestry, or handicap or other protected status*:

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

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**EMPLOYMENT EXPERIENCE**

Start with your present or last job. Include any job-related military service assignments and volunteer activities. You may exclude organizations which indicate race, color, religion, gender, national origin, handicap or other protected status. If you need additional space, please continue on a separate sheet of paper.

|  |  |  |
| --- | --- | --- |
| **1 Employer:** | **Dates Employed**  **From/To** | **Work Performed** |
| **Address** | **|**  **|** |  |
| **Job Title** | **Hourly Rate/Salary**  **Starting/Final** |  |
| **Supervisor** | |  | |  |
| **Reason For Leaving:** | | |

|  |  |  |
| --- | --- | --- |
| **2 Employer:** | **Dates Employed**  **From/To** | **Work Performed** |
| **Address** | **|**  **|** |  |
| **Job Title** | **Hourly Rate/Salary**  **Starting/Final** |  |
| **Supervisor** | |  | |  |
| **Reason For Leaving:** | | |

|  |  |  |
| --- | --- | --- |
| **3 Employer** | **Dates Employed**  **From/To** | **Work Performed** |
| **Address** | **|**  **|** |  |
| **Job Title** | **Hourly Rate/Salary**  **Starting/Final** |  |
| **Supervisor** | |  | |  |
| **Reason For Leaving:** | | |

|  |  |  |
| --- | --- | --- |
| **4 Employer** | **Dates Employed**  **From/To** | **Work Performed** |
| **Address** | **|**  **|** |  |
| **Job Title** | **Hourly Rate/Salary**  **Starting/Final** |  |
| **Supervisor** | |  | |  |
| **Reason For Leaving:** | | |

**References:**

Please provide name, address and telephone number of three references who are not related to you and are not previous employers:

|  |  |  |
| --- | --- | --- |
| **Name** | **Address** | **Phone** |
|  |  |  |
|  |  |  |
|  |  |  |

**Applicant’s Statement**

I certify that the answers given herein are true and complete to the best of my knowledge. I authorize investigation of all statements contained in this application for employment as may be necessary in arriving at an employment decision. I release any and all prior employers and other parties from any claim including but not limited to any claim for defamation, arising from an investigation of statements contained in this application.

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 period should inquire as to whether or not applications are being accepted at that time.

I hereby understand and acknowledge that, unless otherwise defined by applicable law, any employment relationship with this organization is of an “at will” nature which means that the employee may resign at any time and the Employer may discharge Employee at any time with or without cause. It is further understood that this “at will” employment relationship may not be changed by any written document or by conduct unless such change is specifically acknowledged in writing by an authorized executive of this organization.

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**

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**F. A. ROHRBACH, INC.**

**CONSENT and RELEASE**

**PRE-EMPLOYMENT PHYSICAL**

I, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, do hereby consent to a blood and/or urine test for the detection of alcohol and drugs to be taken at:

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

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

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

By consenting to this alcohol and/or drug test, I acknowledge that I have been informed about and understand the testing procedure, the right to confirmation testing if the test results are positive and what positive a positive test result will mean to my future employment with F. A. ROHRBACH, INC. I release from all liability and company involved in the testing for releasing the results of the test to F. A. ROHRBACH, INC.

I am currently taking or have taken within the past thirty (30) days the following prescriptions or over-the-counter drugs or medications: (i.e. cold remedies, sleeping pills, diet pills, antibiotics, etc.)

|  |  |  |  |
| --- | --- | --- | --- |
| **Name of Drug** | **Date(s) Taken** | **Prescribed** | **Over the Counter** |
|  |  | (Please Check One) | |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |

In the last thirty (30) days, I have [ ] have not [ ] (check one) used tobacco products, (i.e., cigarettes, chewing tobacco, nicotine, etc.)

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

**Applicant Signature Date**

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

**Witness**

**Pennsylvania Driver Abstract Permissions**

F. A. ROHRBACH, INC. has my permission to request a copy of my driving abstract from the State of Pennsylvania for the purpose of pre-employment review.

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

**Pennsylvania Driver Signature Date**

**Pre-Employment Drug & Alcohol testing Consent Form**

In order to support the Company’s safety program and avoid drug and alcohol related injuries, F. A. ROHRBACH, INC. has a substance abuse policy. I understand that I may be subject to pre-employment and/or random substance abuse testing during employment as part of this policy. I also understand that failure to give consent to a pre-employment substance abuse test will result in termination of the remainder of the pre-employment process. If, and when, I am hired with F. A. ROHRBACH, INC., I understand that I may be subject to a random substance abuse test during employment at any time.

By signing this form, I hereby give consent to F. A. ROHRBACH, INC. to obtain a urine specimen, or other appropriate test to identify any illegal substances. If I decline or terminate employment within a 30 day period following drug screen, any and all expenses attributed to such testing will be due and payable by me to F. A. ROHRBACH, INC., including deduction from future paychecks.

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

**Applicant Signature Date**