Sugar Valley Lodge, Inc. 190 Sugar Valley Lane Franklin, PA 16323 (814) 346-0352

Employment Application

Position(s) Applied for:		Application Date:		
Referred to Sugar Valley Lodge f	or Employment by:			
	<u>Personal Information</u>	<u>n</u>		
Last name:	First name:	Middle:		
Street Address:	City:	State: Zip:		
Social Security Number:	Home Telephone:	Cellphone number:		
If you former employment, refer indicate:		ay be under a name other than above, pleas	е	
			-	
Are you legally eligible for emplo		NO ment.		
Are you legally eligible for emplo Proof of citizenship or immigrant	oyment in the United States? YES t status will be required upon employ			
Are you legally eligible for emplo Proof of citizenship or immigrant Date available for work:	oyment in the United States? YES t status will be required upon employ	ment.		
Are you legally eligible for emplo Proof of citizenship or immigrant Date available for work: For what shifts are you available	oyment in the United States? YES t status will be required upon employ	ment. 10pm-6am		
Are you legally eligible for emplo Proof of citizenship or immigrant Date available for work: For what shifts are you available Number of hours per week desire	byment in the United States? YES t status will be required upon employ : 6am-2pm 2pm-10pm	ment. 10pm-6am num:		
Are you legally eligible for emploop Proof of citizenship or immigrant Date available for work: For what shifts are you available Number of hours per week desire Have you applied for employmer Professional License or Certificat	eyment in the United States? YES t status will be required upon employ : 6am-2pm 2pm-10pm ed: Maximum: Minimum	ment. 10pm-6am num: ? YES NO	NO	

Have you eve	er pleaded guilty to or been convicted YES NO	ed of any legal viola	tion other t	han a misdemeanor or summary offense?
If "yes" descr	ibe on back of this page.			
Have you live	d in the State of Pennsylvania for th	ne past two calenda	r years with	nout interruption? YES NO
demands of t	eason known to you why you could he job for which you are applying? might we accommodate you?	not consistently an YES NO	d properly	meet the physical and emotional
Continue on s	separate sheet, if necessary.			
		Education		
Level:	Name and Location of School Co	urse of Study:		Diploma, Degree, Certificate:
High School				
Collage				
Business Trade/ Technical				
Graduate School				
		Military History		
Have you serv	red in the U.S armed Forces:	YES	NO	
If "Yes" what I	branch:	Date	es served: _	
Describe any t	training relevant to the position for	which you are appl	ying:	

Employment History

Please provide an accurate and complete employment record. Begin with your present or most recent employer. Use

separate sheet if necess	sary.		
Employer:			
Address:			
Telephone number:		Job Title:	
Supervisor:		Dates Employed: From	to
Hourly rate:	Work performed:		
Employer:			
Address:			
Telephone number:		Job Title:	
Supervisor:		Dates Employed: From	to
Employer:			
Address:			
Telephone number:		Job Title:	
Supervisor:		Dates Employed: From	to

Reference (Other than employers)

Name:	Address:
Telephone number:	Relationship:
Name:	Address:
Telephone number:	Relationship:
Name:	Address:
Telephone number:	Relationship:
	ided in this application is true and complete to the best of my knowledge. I authorize I have made on this application as may be necessary for reaching an employment
in discharge. I also understand th	I understate that any false or misleading information I knowingly provided may result nat if I am employed, I am required to abide by all rules and regulations or the employer or any offer of employment constitutes and employment contract unless a specific by the employer and employee.
Date:	Signature:

This form will be retained by Sugar Valley Lodge, Inc. for one year from the date of application.

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Reference Form

For Employer/Previous Employer		
Please check "verify: or		
you employee/former employee		
<u>Verify</u>	Cannot Verify	
<u>Verify</u>	Cannot Verify	
<u>Verify</u>	Cannot Verify	
Verify	Cannot Verify	
	6	
verity	<u>cannot verily</u>	
Verify	Cannot Verify	
Would you rehire? YES NO		
Comments:		
		1
Name:		
Title:		
Company/ Organization:		
Date:		
	Please chece "cannot veryou employ Verify Verify Verify Verify Verify Verify Varify Verify Verify Verify Verify Verify Verify	Please check "verify: or "cannot verify" as applicable to you employee/former employee Verify Cannot Verify Nerify Cannot Verify Verify Cannot Verify Nerify Cannot Verify Verify Cannot Verify Name:

Please complete a separate form for each employer