

243 Friends Road Nottingham, PA 19362 Phone: 717-955-0245

EMPLOYMENT APPLICATION

	Applicant Info	rmation		
Full Name:Last	 First	Date: _ M.I.		
Address:				
Street Address			Ар	artment/Unit #
City			State	Zip Code
Phone:	Email:			
Date Available:	Social Security #:		Date of Birth: _	
Position Applied for:				
What days are you available	e to work?			
What hours or shifts are you	u available to work?			
Working every other weeke	nd is required. Are you agreeable t	o this? (yes)	(no)	
We cannot guarantee full-ti	me hours every week. Is this an iss	ue for you? (yes) _	(no)	
Have you received the Covid	d-19 vaccination? (yes)	_ (no)		
Do you have any allergies?	(yes) (no) A	llergy		
Are multiple pets an issue?	(yes) (no)	-		
There will be occasions whe	re the company will require face m	asking, is this policy	an issue? (yes)	_ (no)
Do you have any ailments th	nat would affect you performing yo	ur ioh on a regular h	nacic? (vac)	(no)

Job Skills/Qualifications:				
Are you a citizen of the United States? (yes) (no If no, are you authorized to work in the U.S. (yes) Have you ever been convicted of a felony? (yes) If yes, explain:	(no)			
Edu	cation			
High School:	Address:			
From: To: Did you graduate? (yes)	(no) Diploma:			
College:	Address:			
From: To: Did you graduate? (yes)	(no) Degree:			
Other: A	Address:			
From: To: Did you graduate? (yes)	(no) Degree:			
Refe	erences			
Please list at least two professional references:				
Full Name:	Relationship:			
Company:	Phone:			
Address:				
	Relationship:			
Company:	Phone:			
Address:				
Full Name:	Relationship:			
Company:	Phone:			
Address:				

Company: Phone: Address: Supervisor: Job Title: Starting Salary \$ Ending Responsibilities:	
Job Title: Starting Salary \$ Ending	
	g Salary \$
Responsibilities:	
From: To: Reason for Leaving:	
May we contact your previous supervisor for a reference? (yes) (no)	
Company: Phone:	
Address: Supervisor:	
Job Title: Starting Salary \$ Ending	g Salary \$
Responsibilities:	
From: To: Reason for Leaving:	
May we contact your previous supervisor for a reference? (yes) (no)	
Company: Phone:	
Address: Supervisor:	
Job Title: Starting Salary \$ Ending	g Salary \$
Responsibilities:	
From: To: Reason for Leaving:	
May we contact your previous supervisor for a reference? (yes) (no)	

Military Service				
Branch:	From:	To:		
Rank at Discharge:	Type of Discharge:			
If other than honorable, explain:				
Disclair	mer and Signature			
I certify that my answers are true and complete to the	best of my knowledge.			
If this application leads to employment, I understand the may result in my release.	hat false or misleading information in	my application or interview		
Signature:	ture: Date:			
There will be a 90-day probationary period from the datake into consideration missed shifts for any reason, be a timely manner of any of the previously mentioned. A management will be terminated for cause.	eing late to shifts for any reason, and r	not advising management in		
Signature:	Date:			