

201 E State Street Quarryville, PA 17566 Phone: 717-955-0245

EMPLOYMENT APPLICATION

	Applicant Informatio	on	
	Idle Initial, Last Name	Date:	
Address:			
Street Address			Apartment/Unit #
City		State	Zip Code
Phone:	Email:		
Date Available:	Social Security #:	Date of E	Birth:
Position Applied for:			
What days are you available	e to work?		
Working every other weeks	end is required. Are you agreeable to this?		
We cannot guarantee full-t	me hours every week. Is this an issue for yo	ou? (yes) (no	o)
Have you received the Covi	d-19 vaccination? (yes) (no) _		
Do you have any allergies?	(yes) (no) Allergy		
Are multiple pets an issue?	(yes) (no)		
There will be occasions who	ere the company will require face masking, i	is this policy as issue? (yes)	(no)
Do you have any ailments t	hat would affect you performing your job or	n a regular basis? (yes)	(no)

Job Skills/Qualifications:					
		ited States? (yes) (no) _ o work in the U.S. (yes)			
		eted of a felony? (yes) (r		<u> </u>	
		Educa	ntion		
High School:		A	ddress:		
		Did you graduate? (yes)			
College		^A	uuress		
From:	To:	Did you graduate? (yes)	(no)	Degree:	
Other:	her: Address:				
From:	To:	Did you graduate? (yes)	(no)	Degree:	
		Refere	ences		
Please list at	least two prof	fessional references:			
Full Name: _				_ Relationship:	
Company:				_ Phone:	
Address:					
Company:				Phone:	
Address:					
Company:				_ Phone:	
Address:					

		Previous Employment	
Company:			Phone:
Address:			Supervisor:
Job Title:		Starting Salary \$	Ending Salary \$
Responsibilities:			
From:	To:	Reason for Leaving:	
May we contact y	our previous superv	isor for a reference? (yes)	(no)
Company:			Phone:
Address:			Supervisor:
Job Title:		Starting Salary \$	Ending Salary \$
Responsibilities:			
	To:	Reason for Leaving:	
		Reason for Leaving:isor for a reference? (yes)	
May we contact y	our previous superv	isor for a reference? (yes)	(no)
May we contact y	your previous superv	isor for a reference? (yes)	(no) Phone:
May we contact y Company:	your previous superv	isor for a reference? (yes)	(no) Phone: Supervisor:
May we contact y Company: Address: Job Title:	your previous superv	isor for a reference? (yes) Starting Salary \$	
May we contact y Company: Address: Job Title:	your previous superv	isor for a reference? (yes) Starting Salary \$	(no) Phone: Supervisor: Ending Salary \$
May we contact y Company: Address: Job Title:	your previous superv	isor for a reference? (yes) Starting Salary \$	(no) Phone: Supervisor: Ending Salary \$

Military Service				
Branch:	From:	To:		
Rank at Discharge:	Type of Discharge:			
If other than honorable, explain:				
Disclai	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:	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:			