



511 Montgomery Ave
New Castle, PA 16102
724-658-6692

APPLICATION FOR EMPLOYMENT

In compliance with Federal and State equal employment opportunity laws, qualified applicants are considered for all positions without regard to race, color, religion, sex, national origin, age, marital status, or non-job related disability.

Date of Application _____

Position(s) Applied For _____

Name _____ Social Security Number _____
Last First Middle

Current Address _____
Street City State Zip

Phone Number _____
Home Or

Have You Worked For This Company Before? _____ Where? _____

Dates: From _____ To _____ Rate of Pay? _____ Position _____

Reason For Leaving? _____

Are You Employed Now? Y or N If Not, How Long Since Leaving Last Employment? _____
Circle

Who Referred You? _____ Rate Of Pay Expected? _____

EDUCATION

Circle The Highest Level Completed: High School College/Tech/Business
9 10 11 12 1 2 3 4
Circle Circle

Are You Currently a Student? Y or N
Circle

Name Of High School Attended? _____

Name Of College, Technical, or Business School Attended? _____

Office Machine Experience:

- Typewriter Calculator Fax Machine Copier
 Scanner Computer

Computer Program Experience:

Microsoft:

- Word Excel Publisher Outlook

Other : _____

EMPLOYMENT HISTORY

EMPLOYER	DATE
NAME	FROM: TO: Mo. Yr. Mo. Yr.
ADDRESS	Position Held:
CITY STATE ZIP	Salary / Wage:
CONTACT PERSON PHONE	Reason For Leaving:

EMPLOYER	DATE
NAME	FROM: TO: Mo. Yr. Mo. Yr.
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NAME	FROM: TO: Mo. Yr. Mo. Yr.
ADDRESS	Position Held:
CITY STATE ZIP	Salary / Wage:
CONTACT PERSON PHONE	Reason For Leaving:

TO BE READ AND SIGNED BY APPLICANT

This certifies that I completed this application, and that all entries on it and information in it are true and complete to the best of my knowledge.

I authorize you to make such inquiries of my personal, employment, or financial history and other related matters as may be necessary in arriving at an employment decision. I hereby release employers, schools, and other persons from all liability in responding to inquiries and releasing information with my application.

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 company.

Date

Applicant's Signature