



8844 Route 18  
 Cranesville PA 16410  
 814-402-1075

# Application For Employment

Pre-Employment Questionnaire

Equal Opportunity Employer

Date \_\_\_\_\_

## General Information

Name (Last)	(First)	(Middle)	Home Phone	
Address (Mailing address)	(City)	(State)	(Zip)	Other Telephone
E-mail Address				

Are you a citizen of the U.S. or do you have a legal right to work in the U.S.?	Yes	No	Any offer of employment is conditional upon you completing Form I-9 and providing documents establishing your identity and work authorization.
Are you 18 years of age or older?	Yes	No	If under 18 years of age, applicant will be required to submit a birth certificate or work certificate as required by State of Federal law.
Have you ever pleaded "guilty", "no-contest", or been convicted of a crime?	Yes	No	If "yes", when and where?
If "yes", please provide details:			

Type Of Employment Desired	Full-Time	Part-Time	Temporary	Date Available To Start
How Many Hours Per Week	Desired Pay		How were you referred to us?	

Hours Available	Mon	Tue	Wed	Thur	Fri	Sat	Sun
From:							
To:							
If applicable, please explain why "no" on specific days							
_____							
_____							

## References

Name	Relationship	Phone #

## Education

Name Of School, City, State	Subjects Studied	Years Attended	Did You Graduate	Degree Received
High School				
College				
Other				
Other				

## Employment History (please list present or most recent job first)

Employer	Employment Dates	Salary	Position
Company Name	From:	Starting	Starting
Address	To:	Ending	Ending
Supervisor	Phone #	Reason For Leaving	
Company Name	From:	Starting	Starting
Address	To:	Ending	Ending
Supervisor	Phone #	Reason For Leaving	
Company Name	From	Starting	Starting
Address	To	Ending	Ending
Supervisor	Phone #	Reason For Leaving	

## Acknowledgement And Authorization

I certify that all answers given herein are true and complete to the best of my knowledge. Yes_____ No_____	
I authorize investigation of all statements contained in this application for employment as may be necessary in arriving at an employment decision. Yes_____ No_____	
In the event of employment, I understand that false or misleading information given in my application or interview(s) may result in discharge. Yes_____ No_____	
Signature of Applicant _____ (Application can be signed at interview)	Date _____