

Please return this application to:
625 Hamilton Street
Carlisle, PA 17013-9782



An Equal Opportunity Employer

APPLICATION FOR EMPLOYMENT

Position(s) applied for: _____

Last Name: _____ First Name: _____ Middle Name: _____

Address: _____ City: _____ State: _____ Zip: _____

Telephone Number: _____ Social Security #: _____ | _____ | _____

Driver's License #: _____ | _____ | _____ | _____ | _____ | _____ | _____ | _____ | _____ | _____ State: _____

Class: _____ Expiration Date: _____ / _____ / _____ Are you over 18 years of age? Yes No

Have you ever filed an application with us before? Yes No If Yes, please give date: _____ / _____ / _____

Have you ever been employed with us? Yes No If Yes, please give date: _____ / _____ / _____

Are you currently employed? Yes No May we contact your current employer? Yes No

Are you prevented from lawfully becoming employed
in this country because of Visa or Immigration Status? Yes No

Are you currently on "lay-off" status and subject to recall? Yes No

Can you travel if a job requires it? Yes No

Are you willing to work overtime if asked? Yes No

On what date would you be available to start working? Yes No

Are you available to work: Full Time Part Time Either Shift Temporary Seasonal

What is your expected rate of pay? \$ _____ / Hour Year

Please list any special training of job skills: _____

Have you ever been convicted of a felony? Yes No

If so, please explain. _____

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PAST EMPLOYMENT

Company Name (previous or present employer): _____

Telephone Number: _____ Employed from (Month & Year): ____ / ____ to ____ / ____

Address: _____ City: _____ State: ____ Zip: _____

Reason for leaving? _____

May we contact this employer? Yes No Starting Rate \$ _____ End \$ _____ / Hr Yr

Job title and description of work: _____

Company Name (previous or present employer): _____

Telephone Number: _____ Employed from (Month & Year): ____ / ____ to ____ / ____

Address: _____ City: _____ State: ____ Zip: _____

Reason for leaving? _____

May we contact this employer? Yes No Starting Rate \$ _____ End \$ _____ / Hr Yr

Job title and description of work: _____

Company Name (previous or present employer): _____

Telephone Number: _____ Employed from (Month & Year): ____ / ____ to ____ / ____

Address: _____ City: _____ State: ____ Zip: _____

Reason for leaving? _____

May we contact this employer? Yes No Starting Rate \$ _____ End \$ _____ / Hr Yr

Job title and description of work: _____

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REFERENCES, MILITARY EXPERIENCE & EDUCATION

Please give the name, telephone number and address of three references who are not related to you and are not previous employers.

Name: _____ Address: _____

Telephone #: _____

Name: _____ Address: _____

Telephone #: _____

Name: _____ Address: _____

Telephone #: _____

Have you ever had job-related training in the United States Military? Yes No

If yes, please describe. _____

Please list the educational institutions you have attended:

Elementary School Name / Location: _____ / _____

Years completed? _____ Diploma / Degree: _____ Course of Study _____

High School Name / Location: _____ / _____

Years completed? _____ Diploma / Degree: _____ Course of Study _____

College or University Name / Location: _____ / _____

Years completed? _____ Diploma / Degree: _____ Course of Study _____

The information provided in this Application for Employment is true, correct and complete. If employed, any misstatement or omission of fact on this application may result in my dismissal. I understand that acceptance of an offer of employment does not create a contractual obligation upon the employer to continue to employ me in the future. If you decide to engage an investigative consumer-reporting agency to report on my credit and personal history, I authorize you to do so. If a report is obtained you must provide, at my request, the name and address of the agency so that I may obtain the nature and substance of the information contained in the report.

Signature: _____ Date: _____ / _____ / _____

