



Corporate Offices
108 East Main Street
Allensville, PA 17002
Ph (717) 483-6386
Fax (717) 483-0029

Employment Application

Referred By _____

Date _____

Name (Last, First, Middle) _____

Street Address _____

Home Phone (____) _____

City, State, Zip _____

Business Phone (____) _____

Position Desired _____

Expected Wages _____

Special Training or Skills (language, machine operation, etc.) _____

Location: Allensville, PA Lewistown, PA Huntingdon, PA

When Available To Begin Work _____

Will you work overtime if asked? YES NO

Have you ever applied for employment with us? YES NO If yes, month and year _____, Loc. _____

EDUCATIONAL INFORMATION

College _____

Course of Study: _____

Address _____

Years Attended: _____

Did you graduate? YES NO

DEGREE or DIPLOMA

High School _____

Course of Study: _____

Address _____

Years Attended: _____

Did you graduate? YES NO

DEGREE or DIPLOMA

Other _____

Course of Study: _____

Address _____

Years Attended: _____

Did you graduate? YES NO

DEGREE or DIPLOMA

EMPLOYMENT INFORMATION: Please give accurate, complete full-time& part-time employment record. Start with present or most recent employer.

1. Company Name _____

Supervisor _____

Address _____

Employed (State Month & Year) _____ to _____

Weekly Wages: Start _____ Last _____

Telephone (____) _____

Reason for leaving: _____

Job Title and DESCRIBE Your Work: _____

2. Company Name _____

Address _____

Telephone (____) _____

Job Title and DESCRIBE Your Work: _____

Supervisor _____

Employed (State Month & Year) _____ to _____

Weekly Wages: Start _____ Last _____

Reason for leaving: _____

3. Company Name _____

Address _____

Telephone (____) _____

Job Title and DESCRIBE Your Work: _____

Supervisor _____

Employed (State Month & Year) _____ to _____

Weekly Wages: Start _____ Last _____

Reason for leaving: _____

4. Company Name _____

Address _____

Telephone (____) _____

Job Title and DESCRIBE Your Work: _____

Supervisor _____

Employed (State Month & Year) _____ to _____

Weekly Wages: Start _____ Last _____

Reason for leaving: _____

REFERENCES: *No Family Members*

Name _____ Telephone (____) _____ Years Known _____

Name _____ Telephone (____) _____ Years Known _____

Name _____ Telephone (____) _____ Years Known _____

I hereby authorize APM to check necessary references: Signature _____

MILITARY INFORMATION

Branch of Service: _____

Period of Active Duty: From _____ To _____

Rank at Discharge: _____

Date of Final Discharge: _____

Describe your duties and any special training: _____

SIGNATURE

I hereby declare, the information provided by me in this Application for Employment is true, correct and complete to the best of my knowledge. I understand that if employed, any misstatement or omission of fact on this application shall be considered cause for dismissal.

I authorize you to obtain an investigative consumer report containing information through personal interviews with my neighbors, friends, and acquaintances. This report, if obtained, may include information as to my character, general reputation, personal characteristics and mode of living. I understand I have the right to make written request within a reasonable period to receive additional detailed information about the nature and scope of such investigation.

This application is current for only 60 days. At the conclusion of this time, if I have not heard from the employer and still wish to be considered for employment, it will be necessary to fill out a new application.

I understand it is this company's policy not to refuse to hire a qualified individual with a disability because of that person's need for a reasonable accommodation as required by the ADA.

Date: _____

Signature: _____