

Home Office: 25 East High Street
 PO Box 190
 Waynesburg, PA 15370
 724-627-6116



Other Offices Located at
 Mt. Morris • Carmichaels
 Washington • Taylorstown
 Uniontown

Please Print Clearly APPLICATION FOR EMPLOYMENT

Please Answer All Questions. Résumés Are Not A Substitute For A Completed Application.

We are an Equal Opportunity Employer. Applicants are considered for positions without regard to race, color, religion, sex, national origin, age, physical or mental disability, military or veteran status, genetic information or any other category protected by applicable federal, state, or local laws.

Position Applied For _____ Date of Application _____

Name _____
Last First Middle

Present Address _____
Street, Apartment, or Unit Number

City State Zip

Telephone Number () _____ - _____ Alternate/Cellular Telephone Number () _____ - _____

Email Address (optional) _____ Desired Salary/Hourly Rate _____

Type of employment desired? Full-time Part-time Temporary Date available for work if hired _____

Referral Source (How did you hear about us?) _____

Have you previously applied for employment with this Company? Yes No

If Yes, when and where did you apply? _____

Have you ever been employed by this Company? Yes No

If Yes, provide dates of employment, location and reason for separation from employment. _____

If under the age of 18, can you produce the necessary work certificate at the time of employment? Yes No

If applicable, below list any other names by which you have been known which may be necessary to allow us to confirm your work and educational record. For example, change of name, use of an assumed name, nickname, etc.

EDUCATIONAL BACKGROUND

Education	School Name and Location (Address, City, State)	Course of Study or Major	Graduate? Y or N	# of Years Completed	Honors Received
High School					
College					
Graduate/ Professional					
Trade or Correspondence					

WORK EXPERIENCE

Please list the names of your present and/or previous employers in chronological order with present or most recent employer listed first. Provide information for at least the most recent ten (10) year period. Attach additional sheets if needed. If self-employed, supply firm name and business references. You may include any verifiable work performed on a volunteer basis, internships, or military service. Your failure to completely respond to each inquiry may disqualify you from consideration for employment. **Do not answer "see résumé."**

Employer

Name Address Type of Business
Telephone Number () _____ - _____ Dates Employed From ____/____/____ To ____/____/____
Job Title _____ Duties _____
Supervisor's Name _____ May we contact? Yes No If No, why not? _____
Wages Start _____ Final _____ Reason for Leaving? _____
What will this employer say was the reason your employment terminated? _____
Were you ever disciplined? If so, for what? _____

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SKILLS AND QUALIFICATIONS

Summarize any special training, skills, licenses and/or certificates that may assist you in performing the position for which you are applying.

Skills (Check appropriate boxes. Include software titles.)

- Word Processing _____ E-Mail _____ Office Machines _____
 Spreadsheet _____ Internet _____ Other _____
 Presentation _____ Telephone/Switchboard _____

REFERENCES

Please list the names of three work-related references we may contact. Individuals with no prior work experience may list school or volunteer-related references.

NAME	POSITION	COMPANY	WORK RELATIONSHIP (I.E. SUPERVISOR, CO-WORKERS)	TELEPHONE

APPLICANT CERTIFICATION

I certify that all the information on this application, my résumé, or any supporting documents I may present during any interview is and will be complete and accurate to the best of my knowledge. I understand that any falsification, misrepresentation, or omission of any information may result in disqualification from consideration for employment or, if employed, disciplinary action, up to and including immediate dismissal.

I understand and agree that if driving is a requirement of the job for which I am applying, my employment and/or continued employment is contingent on possessing a valid driver's license for the state in which I reside and automobile liability insurance in an amount equal to the minimum required by the state where I reside.

I understand and agree that as a condition of employment and to the extent permitted by federal, state, and local law, I may be required to sign a confidentiality, restrictive covenant, and/or conflict of interest statement.

I understand that the Company may now have, or may establish, a drug-free workplace or drug and/or alcohol testing program consistent with applicable federal, state, and local law. If the Company has such a program and I am offered a conditional offer of employment, I understand that if a pre-employment (post offer) drug and/or alcohol test is positive, the employment offer may be withdrawn. I agree to work under the conditions requiring a drug-free workplace, consistent with applicable federal, state, and local law.

I authorize the Company or its agents to confirm all statements contained in this application and/or résumé as it relates to the position I am seeking to the extent permitted by federal, state, or local law. I agree to complete any requisite authorization forms for the background investigation which may be permitted by federal, state and/or local law. If applicable and allowed by law, I will receive separate written notification regarding the Company's intent to obtain "consumer reports."

I authorize and consent to, without reservation, any party or agency contacted by this employer to furnish the above-mentioned information. I hereby release, discharge, and hold harmless, to the extent permitted by federal, state, and local law, any party delivering information to the Company or its duly authorized representative pursuant to this authorization from any liability, claims, charges, or causes of action which I may have as a result of the delivery or disclosure of the above requested information. I hereby release from liability the Company and its representative for seeking such information and all other persons, corporations, or organizations furnishing such information. Further, if hired, I authorize the Company to provide truthful information concerning my employment to future employers and hold the Company harmless for providing such information.

If hired by this Company, I understand that I will be required to provide genuine documentation establishing my identity and eligibility to be legally employed in the United States by this Company. I also understand this Company employs only individuals who are legally eligible to work in the United States.

THIS APPLICATION WILL BE CONSIDERED ACTIVE FOR A MAXIMUM OF 1 YEAR. IF YOU WISH TO BE CONSIDERED FOR EMPLOYMENT AFTER THAT TIME, YOU MUST REAPPLY.

I CERTIFY THAT ALL OF THE INFORMATION THAT I HAVE PROVIDED ON THIS APPLICATION IS TRUE, ACCURATE, AND COMPLETE.

DO NOT SIGN UNTIL YOU HAVE READ ALL OF THE INFORMATION CONTAINED IN THE APPLICATION.

Applicant Signature _____ Date ____/____/____