



Employment Application

We are an Equal Opportunity Employer

2731 West 11th Street
Erie PA 16505
Phone: (814) 838-9444
Fax: (814) 838-9445

Please print in ink. You must complete entire application and sign at end.

Date:

Applicant Information

Name (first, middle, last)

Address (street, city, state, zip code)

Phone Number

Social Security Number

Are you legally authorized to work in the U.S.? Yes No
(If hired, you will be required to provide proof of work authorization)

Are you at least 18 years old? Yes No
If not, your employment will be subject to verification that you meet state/federal minimum age requirements for the type of work you are applying for and have obtained a valid work permit.

Have you ever been convicted of a felony? Yes No

If yes, explain 1) nature of crime, 2) date of conviction, and 3) state in which convicted.
(A conviction will not necessarily bar you from employment. You should not disclose any information regarding criminal records that have been expunged or sealed.)

Have you ever applied at this company before?
 Yes No If yes, when:

Have you ever worked at this company before?
 Yes No If yes, when:

Position Applying For

Part-Time or Full-Time Desired

Salary Preference

Shift Preference

When can you start?

How were you referred to the company? Agency Walk-in Friend/Relative
 Newspaper School Other

Special Skills

1. If relevant, please describe word-processing speed, software knowledge, and office equipment experience.

2. If relevant, please describe experience using manufacturing machines and equipment.

Employment References (List individuals familiar with your job qualifications (other than relatives or personal friends).	
Name	Day Telephone () Evening Telephone ()
Address	
Relationship	How long known?
<hr/>	
Name	Day Telephone () Evening Telephone ()
Address	
Relationship	How long known?
<hr/>	
Name	Day Telephone () Evening Telephone ()
Address	
Relationship	How long known?

Please Read Carefully Before Signing This Form

1. All information contained in this application is true and correct to the best of my knowledge and belief. I understand that misrepresentations or omissions of any kind may result in denial of employment or be cause for subsequent dismissal if I am hired. Regardless of when such information is discovered.
2. I authorize the company to investigate my responses on this application and contact any or all of my former employers or any individuals familiar with me or my employment background for the purpose of verifying any information I have provided and/or for the purpose of obtaining any information, whether favorable or unfavorable, about me or my employment. I voluntarily and knowingly fully release and hold harmless any person or organization providing information pertaining to me or my employment.
3. I understand that upon receiving a job offer, a physical examination and drug screening may be required. (Note: If this is a job requirement, you will be notified.)
4. Regardless of whether or not I become employed by the company, I recognize that this application is not and should not be considered a contract of employment. I understand that employment at the company is on an at-will basis and that my employment may be terminated with or without cause, and without notice, at any time, at my option or the company's, unless specifically provided otherwise in a written employment contract. I further understand that no company employee or representative has the authority to enter into a contract regarding duration or terms and conditions of employment other than an officer or official of the company, and then only by means of a signed, written document.

Signature of Applicant _____

Date _____



Education				
School	Name and Location (city, state)	No. Years Attended	Major Subjects	Diploma or Degree Received
High				<input type="checkbox"/> Yes <input type="checkbox"/> No
College				<input type="checkbox"/> Yes <input type="checkbox"/> No Type:
Graduate				<input type="checkbox"/> Yes <input type="checkbox"/> No Type:
Other (specify)				<input type="checkbox"/> Yes <input type="checkbox"/> No Type:

Training Courses			
List any relevant training programs completed.			
Course/Seminar	Sponsoring Organization	Content	Date(s) Attended

Required License(s)		
If required to drive a motor vehicle for the job applying for, state your:		
1) driver's license number	(2) state issued	
Are you licensed with any group, association or society relating to the job for which you are applying? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Registration or License Number	State Issued	Expiration Date

Employment History (Start with most recent; use separate sheet if necessary)		
Name of Employer	Telephone ()	
Address		
Job Title	Employment Date (month and year)	
Name of Immediate Supervisor	From	To
Description of Duties		
Salary – start	Salary – end	Reason for Leaving
If currently employed, may we contact as a reference?		
<hr/>		
Name of Employer	Telephone ()	
Address		
Job Title	Employment Date (month and year)	
Name of Immediate Supervisor	From	To
Description of Duties		
Salary – start	Salary – end	Reason for Leaving
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