



Step One – Introduction

Position Applied For: _____

First Name: _____

Middle Initial: _____

Last Name: _____

Email Address: _____

Telephone Number: _____

Street Address: _____

City: _____

State: _____

Zip Code: _____

Have you lived at this address for 3 years or more? _____

Previous Address: _____

Did you live at this previous address for 3 years or more? _____

List any other names under which you were employed or attended school: _____

Step Two – More Information About You

How did you learn about us? _____

If you are under 18 years of age, can you provide required proof of your eligibility to work? _____

Have you ever filed an application with us before? _____

If Yes, Please give date: _____

Are you currently employed? _____

May we contact your present employer? _____

Are you currently on "Lay-off" status, and subject to recall? _____

Have you ever been convicted of, or pled guilty or no contest to a misdemeanor or felony, such as fraud, embezzlement or misappropriation of funds, or false use of financial instruments, or any other crime involving dishonesty? _____

If Yes, please give date, place charge, and disposition of case.

Step Three – Limitations/Availability

Do you have any limitations regarding the hours that you can work? _____

If Yes, please explain: _____

Do you have reliable transportation? _____

Do you have any friends or relatives currently employed at Conewago? _____

If Yes, Please list names: _____

When will you be available for work? _____

Step Four – Certifications

Do you have a current:

First Aid Certification

First Aid Certification: Yes No

Expiration Date/Certifying Agency: _____

CPR Certification

CPR Certification: Yes No

Expiration Date/Certifying Agency: _____

OSHA 10 Hour

Construction Safety

Training Yes No

Step Five – Military Service

	Yes	No
US Military Service		
Branch of Service	_____	
Length of Service	_____	
Rank/Rate at Time of Discharge	_____	
Are you a member of the Armed Forces Reserve?	_____	

Step Six – Accommodations and Transportation

Are you fully able, with or without assistance to perform the essential functions of the position for which you applied? _____

Describe how you would perform the job with or without reasonable accommodation: _____

Do you have a current Drivers' License? _____

State: _____

Number: _____

Class: _____

Expiration Date: _____

List all moving motor violations (other than parking) for the last 3 years: _____

Step Seven – Education

High School or GED

Name of School _____

Address of School _____

Course of Study _____

Years Completed _____

Degree/Diploma _____

College

Name of School _____

Address of School _____

Course of Study _____

Years Completed _____

Degree/Diploma _____

Trade School/Other

Name of School _____

Address of School _____

Course of Study _____

Years Completed _____

Degree/Diploma _____

Military

Name of School _____

Address of School _____

Course of Study _____

Years Completed _____

Degree/Diploma _____

Step Eight – Employment Experience

Employer #1

Name of Employer _____

Address _____

Telephone _____

Date Started _____

Starting Salary/Wage _____

Starting Position _____

Ending Date _____

Ending Salary/Wage _____

Ending Position _____

Supervisor Name & Title _____

Reason for Leaving _____

Brief Description of Job Duties _____

Employer #2

Name of Employer _____

Address _____

Telephone _____

Date Started _____

Starting Salary/Wage _____

Starting Position _____

Ending Date _____

Ending Salary/Wage _____

Ending Position _____

Supervisor Name & Title _____

Reason for Leaving _____

Brief Description of Job Duties _____

Employer #3

Name of Employer _____

Address _____

Telephone _____

Date Started _____

Starting Salary/Wage _____

Starting Position _____

Ending Date _____

Ending Salary/Wage _____

Ending Position _____

Supervisor Name & Title _____

Reason for Leaving _____

Brief Description of Job Duties _____

List Professional, Civic, or Trade _____

Organization memberships, and any offices held. _____

References (Name/Address/Phone)

Step Nine – Voluntary Self-Identification of Disability

Please check one of the boxes below:

Yes, I have a disability

No, I don't have a disability

I don't wish to answer

A photocopy or other electronic reproduction of this authorization/release is binding, and may be relied upon.

3. **Employment at will.** I understand that if I am employed, I will be an employee at will. This means that either the employer or the employee may terminate the employment relationship with or without cause at any time.

4. **No written, oral, or implied contracts.** I understand that any written Company documents, oral statements, or formal or informal policies are not to be construed as granting an express or implied employment contract and that I am not entitled to rely upon any such documents, statements or Company policies as stating employment terms. The employment relationship with the Company may be modified only in writing directed to me by the President of the Company.

5. **Benefits may be altered.** I understand that the Company at its option may change, delete, suspend, or discontinue any part or parts of its benefit program at any time without prior notice, both while persons are actively employed and while retired or otherwise separated from employment with the Company.

6. **I understand that a test for drug and alcohol misuse may be required as part of the interview process, and I hereby authorize the release of test results to the Company.** I hereby consent to the performance of such medical examination and testing. I waive all claims arising out of these procedures against the Company and those performing the examination and tests. I understand and consent that as a condition of continued employment, I will submit to drug and alcohol testing in the future. I authorize the release of any such subsequent testing to the Company and waive all claims against it or those performing the examination and tests. I understand that I will be subject to immediate termination for failing to submit to examination or testing.

7. **If an employment relationship is established, I agree to wear or use all protective clothing or devices as may be required by the Company and to comply with all safety policies and procedures.**

I acknowledge that I have read and understand the above statement in its entirety, and have had the opportunity to ask questions regarding any aspect