



APPLICATION FOR EMPLOYMENT

Equal Employment Opportunity Employer

1514 Commerce Ave.
 Carlisle, PA 17015
 P 717.241.2023 - 717.241.2055

APPLICANT INFORMATION

Last Name				First			M.I.		Date	
Street Address							Apartment/Unit #			
City				State			ZIP			
Phone				E-mail Address						
Date Available				Desired Salary						
Position Applied for										
How did you hear about us / this position?										
Are you a citizen of the United States?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	If no, are you authorized to work in the U.S.?				YES <input type="checkbox"/>	NO <input type="checkbox"/>		
Have you ever worked for this company?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	If so, when?							
Have you ever been convicted of a felony?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	If yes, explain							

EDUCATION

High School				Address						
From		To		Did you graduate?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	Degree			
College				Address						
From		To		Did you graduate?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	Degree			
Other				Address						
From		To		Did you graduate?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	Degree			

QUALIFICATION

Please list any additional licenses and/or training you may have

PREVIOUS EMPLOYMENT

Company				Phone						
Address				Supervisor						
Job Title				Starting Salary	\$	Ending Salary	\$			
Responsibilities										
From		To		Reason for Leaving						
May we contact your previous supervisor for a reference?				YES <input type="checkbox"/>	NO <input type="checkbox"/>					

PREVIOUS EMPLOYMENT

Company		Phone	
Address		Supervisor	
Job Title		Starting Salary	\$
		Ending Salary	\$

Responsibilities

From		To		Reason for Leaving	
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May we contact your previous supervisor for a reference? YES NO

Company		Phone	
Address		Supervisor	
Job Title		Starting Salary	\$
		Ending Salary	\$

Responsibilities

From		To		Reason for Leaving	
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May we contact your previous supervisor for a reference? YES NO

MILITARY SERVICE

Branch		From		To	
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Rank at Discharge		Type of Discharge	
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If other than honorable, explain

REFERENCES

Please list three professional references.

Full Name		Relationship	
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Company		Phone	
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Address

Full Name		Relationship	
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Company		Phone	
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Address

Full Name		Relationship	
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Company		Phone	
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Address

DISCLAIMER AND SIGNATURE

I certify that my answers are true and complete to the best of my knowledge.
 If this application leads to employment, I understand that false or misleading information in my application or interview may result in my release.

Signature		Date	
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