

APPLICATION OF EMPLOYMENT  
ROMAN DELIGHT  
ORWIGSBURG

TODAY'S DATE:

\_\_\_\_\_  
(MONTH) (DAY) (YEAR)

**PERSONAL INFORMATION**

FIRST NAME \_\_\_\_\_ LAST NAME \_\_\_\_\_  
SOCIAL SECURITY \_\_\_\_\_  
ADDRESS \_\_\_\_\_  
CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP CODE \_\_\_\_\_  
PHONE NUMBER \_\_\_\_\_ CELL NUMBER \_\_\_\_\_  
DO YOU HAVE A CRIMINAL RECORD \_\_\_\_\_ YES OR NO  
IF YES? PLEASE EXPLAIN \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**EMPLOYMENT DESIRED**

POSITION \_\_\_\_\_  
ARE YOU EMPLOYED \_\_\_\_\_  
IF YES, CAN WE CONTACT YOUR PRESENT EMPLOYER \_\_\_\_\_ YES OR NO  
DATE YOU CAN START \_\_\_\_\_  
DO YOU HAVE A RESUME ATTACHED WITH THIS APPLICATION? \_\_\_\_\_ YES OR NO

**LIST LAST TWO EMPLOYERS, STARTING WITH LAST ONE FIRST**

\_\_\_\_\_  
DATE - START TO FINISH      NAME & ADDRESS  
1) \_\_\_\_\_  
\_\_\_\_\_  
SALARY?      POSITION?  
\_\_\_\_\_  
LIST REASON FOR LEAVING \_\_\_\_\_

\_\_\_\_\_  
DATE - START TO FINISH      NAME & ADDRESS  
2) \_\_\_\_\_  
\_\_\_\_\_  
SALARY?      POSITION?  
\_\_\_\_\_  
LIST REASON FOR LEAVING \_\_\_\_\_

**LIST TWO REFERENCES**

<u>NAME</u>	<u>RELATIONSHIP</u>	<u>YEARS KNOWN</u>	<u>PHONE NUMBER</u>
1) _____	_____	_____	_____
2) _____	_____	_____	_____

" I certify that the facts contained in this application are true and complete to the best of my knowledge and understand that, if employed, falsified statements on this application shall be grounds for dismissal

I authorize investigation of all statements contained herein and the references and employers listed above to give you any and all information concerning my previous employment and any pertinent information they may have, personal or otherwise, and release the company from all liability for any damage that may result from utilization of such information.

I also understand and agree that no representative of the company has any authority to enter into any agreement for employment for any specified period of time, or to make any agreement contrary to the foregoing, unless it is in writing and signed by an authorized company representative. This waiver does not permit the release or use of disability-related or medical information in a manner prohibited by the Americans with Disabilities Act (ADA) and other relevant Federal and state laws,"

DATE:

SIGNATURE:

\_\_\_\_\_