

100 Glenmaura National Boulevard, Moosic, PA 18507 Phone (570) 343-4642 Fax (570) 343-8131

Employment Application

| | | A | pplican | t Inform | ation | | | All and In | | |
|---|--------------------------|--------------------|------------|-------------|---------------|-----------|------------------------|-------------------|---------|--|
| Full Name | | | | | | Date: | | | | |
| | Last | F | First | | | M.I. | | | | |
| Address: | Street Address | | | | | | Apartm | ent/Unit # | | |
| - | | | | | | | State | ZIP Cod | do | |
| C) | iy | | | | | | State | 217 000 | ue | |
| Phone: | | | | Email_ | | | | | | |
| Date Avail | able: | Social Secu | rity No.:_ | | | Desire | ed Salary: <u>\$</u> | | | |
| Position Applied for: | | | | | | | | | | |
| YES NO YES N | | | | | | NO | | | | |
| YES NO Have you ever been discharged from a job? If yes, explain? | | | | | | | | | | |
| YES NO Have you ever been convicted of a felony? | | | | | | | | | | |
| If yes, exp | lain: | | | | | | | | | |
| 1 PS 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 | W127 11 31 157 5 | | | ucation | WALLEY V | | 些 八世 (10) 以 10 | & Wmil | tstal). | |
| High Scho | ol: | | | | | | | a Draw per son or | | |
| From: _ | To: | Did you | graduate | YES e? | NO | Diploma:: | | | | |
| College: | | | Addres | ss: | | | | | | |
| From: | To: | Did you | graduat | YES e? [| NO | Degree: | | | | |
| Other: | | | Addres | ss: | | | | | | |
| From: | To: | | graduate | YES | NO | Degree: | | | | |
| | | THE REAL PROPERTY. | Refe | erences | The princip | | AND THE REAL PROPERTY. | V 16.00 | | |
| Please lis | t three professional ref | erences. | | | | | | | | |
| Full Name: | | | | | Relationship: | | | | | |
| Company: | - | | | | | F | Phone: | | | |
| Address: | | | | | | | | | | |

| Full Name: | :\{\bar{\chi} | | Relationship: | | | |
|---------------------|--|------------------|---------------|------------------|--|--|
| • | | | | Phone: | | |
| Address: | | | | | | |
| Full Name: | I C | | | Relationship: | | |
| | | | | Phone: | | |
| A - - | | | | | | |
| | Previous E | mployme | nt | | | |
| | | | | | | |
| Company: | | | | Phone: | | |
| Address: | | | | Supervisor: | | |
| Job Title: | Starting Salary: | | | Ending Salary: | | |
| Responsibilities: | | | | | | |
| From: | To: | Reason fo | or Leaving:_ | | | |
| • | previous supervisor for a reference? | YES | NO | | | |
| | | | | | | |
| Company: | | | | Phone: | | |
| Address: | = | | | Supervisor: | | |
| Job Title: | Starting S | Starting Salary: | | | | |
| Responsibilities: | | | | | | |
| From: | To: Reason for Leaving | | or Leaving:_ | | | |
| May we contact your | r previous supervisor for a reference? | YES | NO | | | |
| Company: | | | | Phone: | | |
| | | | | Supervisor: | | |
| | Starting Salary:\$ | | | Ending Salary:\$ | | |
| | | | | | | |
| From: | To: Reason for Leavin | | or Leaving:_ | | | |
| May we contact your | r previous supervisor for a reference? | YES | NO 🗆 | | | |

| | Military Service | | TEAN THE HOUSE TO BE | | |
|---|----------------------------|------------------|---|--|--|
| Branch: | - | From: | To: | | |
| Rank at Discharge: | Type of Discharge: | | | | |
| If other than honorable, explain: | | | | | |
| e tt. | | | | | |
| The first the last the first law is the Di | isclaimer and Signat | ure | 一起,一个一个一个一个一个一个一个一个一个一个一个一个一个一个一个一个一个一个一 | | |
| I certify that my answers are true and comple | ete to the best of my kno | wledge. | | | |
| If this application leads to employment, I und interview may result in my discharge. | derstand that false or mis | sleading informa | tion in my application or | | |
| I authorize any person, organization or comp concerning my previous employment, educa- and receive such information. | | | | | |
| In consideration for my employment, I agree to abide by the rules and regulations of the company, which rules may be changed, withdrawn, added or interpreted at any time, at the company's sole option and without prior notice to me. | | | | | |
| I also acknowledge that my employment may withdrawn, at any time, with or without cause myself. | | | | | |
| Signature: | | I | Date: | | |