

TENTS & EVENTS

EMPLOYMENT APPLICATION

955 EAST MAIN STREET
ANNVILLE, PA 17003
(717)867-7560
1-888-478-1656

To applicant: We deeply appreciate your interest in our organization and assure you that we are sincerely interested in your qualifications. A clear understanding of your background and work history will aid us in placing you in the position that best meets your qualifications and may assist us in possible future upgrading.

PERSONAL

Date _____

Name _____ Social Security Number _____
Last First Middle

Present Address _____ Telephone Number _____
No. Street City State Zip

Are you legally eligible for employment in the U.S.A. ? _____ State age if under 18 over 70 _____

Do you have any physical condition which may limit your ability to perform the particular job for which you are applying? _____ If yes, describe such condition _____

RECORD OF EDUCATION

School	Name & Address of School	Course of Study	Check Last Year Completed	Did you Graduate?	List Diploma Or Degree
High	_____ _____ _____		1 2 3 4	____ Yes. ____ No	
College	_____ _____ _____		1 2 3 4	____ Yes ____ No	
Other	_____ _____ _____		1 2 3 4	____ Yes ____ No	

PERSONAL REFERENCES (Not Former Employers or Relatives)

Name and Occupation	Address	Phone Number

Turn to Next Page
List below all present and past employment, beginning with your most recent.

Name & Address of Company & Type of Business	From Mo-Yr	From Mo-yr	Describe the work you did	Weekly Starting Salary	Weekly Ending Salary	Reason for Leaving	Name of Supervisor
1. _____ _____ _____ Telephone _____							

Name & Address of Company & Type of Business	From Mo-Yr	From Mo-yr	Describe the work you did	Weekly Starting Salary	Weekly Ending Salary	Reason for Leaving	Name of Supervisor
1. _____ _____ _____ Telephone _____							

Name & Address of Company & Type of Business	From Mo-Yr	From Mo-yr	Describe the work you did	Weekly Starting Salary	Weekly Ending Salary	Reason for Leaving	Name of Supervisor
1. _____ _____ _____ Telephone _____							

Name & Address of Company & Type of Business	From Mo-Yr	From Mo-yr	Describe the work you did	Weekly Starting Salary	Weekly Ending Salary	Reason for Leaving	Name of Supervisor
1. _____ _____ _____ Telephone _____							

May we contact the employers listed above? _____ No _____ If not, indicate by No, which one(s) you do not wish us to contact.

MILITARY SERVICE RECORD

Were you in the U.S. Armed Forces? Yes _____ No _____ If yes, what Branch _____

Dates of duty: From _____ To _____ Rank at discharge _____

MO DA YR MO DA YR

List duties in the service including special training _____

Have you taken any training under the G.I Bill of Rights? _____ If yes, what training did you take? _____

PLEASE READ AND SIGN BELOW

The facts set forth in my application for employment are true and complete. I understand that if employed, false statements on this application shall be considered sufficient cause for dismissal. You are hereby authorized to make any investigation of my personal history and financial and credit report through any investigative or credit agencies of bureaus of your choice.

In making this application for employment I authorize you to make an investigative consumer report whereby information is obtained through personal interviews with my neighbors, friends, or others with whom I am acquainted. This inquiry, if made, may include information as to my character, general reputation, personal characteristics and mode of living. I understand that I have the right to make a written request within a reasonable period of time to receive additional, detailed information about the nature and scope of any such investigative report.

Signature of Applicant