APPLICATION For Employment

UPPER YODER TOWNSHIP 110 SUNRAY DRIVE, SUITE 1 JOHNSTOWN, PA 15905 PHONE (814) 255-5243 FAX (814) 255-1805

NAME:

POSITION:

DATE

We consider applications for all positions without regard to race, color, religion, creed, gender, national origin, age, disability, sexual orientation, citizenship status, genetic information or any other legally protected status.

(PLEASE PR	LINT)
Position(s) Applied For	Date of Application
	quiry her
Last Name First Name	Middle Name
Address Number Street Cin	ity State Zip Code
Telephone Number(s)	Social Security Number (Voluntary)
Best time to contact you at home is:	AM PM
If you are under 18 years of age, can you provide required proof of your eligibility to work?	□ Yes □ No
Have you ever filed an application with us before?	🗆 Yes 🗌 No
If Yes,	, give date
Have you ever been employed with us before?	🗆 Yes 🛛 No
If Yes, give date	
Do any of your friends or relatives, other than spouse, work	c here? 🗆 Yes 🛛 No
Are you currently employed?	
May we contact your present employer?	🗆 Yes 🛛 No
Are you prevented from lawfully becoming employed in this country because of Visa or Immigration Status? Proof of citizenship or immigration status will be required	
Date available for work/ What is your desired	d salary range?
Are you available to work: \Box Full-Time (please in	indicate 1 2 3 shift)
\Box Part-Time (please in	indicate Mornings Afternoon Evenings)
\Box Temporary (please in	indicate dates available///)
Are you currently on "lay-off" status and subject to recall?	🗆 Yes 🛛 No
Can you travel if a job requires it?	🗆 Yes 🛛 No

WE ARE AN EQUAL OPPORTUNITY EMPLOYER

EDUCATION

	• Name and Address of School	Course of Study	Number of Years Completed	Diploma Degree
Elementary School				14
High School				
Undergraduate College				
Graduate Professional				
Other (Specify)				

Describe any specialized training, apprenticeship, skills and extra-curricular activities.

Describe any job-related training received in the United States military.

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EMPLOYMENT EXPERIENCE

Start with your present or last job. Include any job-related military service assignments and volunteer activities. You may exclude organizations which indicate race, color, religion, gender, national origin, disabilities or other protected status.

1.	Employer		Dates Er From	mployed _{To}	Work Performed
	Address				
	Telephone Number(s)		Hourly R Starting	ate/Salary Final	
	Job Title	Supervisor			
	Reason for Leaving				
2.	Employer		Dates Er From	mployed _{To}	Work Performed
	Address				
	Telephone Number(s)		Hourly Ra Starting	ate/Salary ^{Final}	
	Job Title	Supervisor			
	Reason for Leaving				
3.	Employer		Dates Er From	mployed _{To}	Work Performed
	Address				
	Telephone Number(s)		Hourly Ra Starting	ate/Salary _{Final}	
	Job Title	Supervisor			
	Reason for Leaving				
4.	Employer		Dates Er From	mployed To	Work Performed
	Address				
	Telephone Number(s)		Hourly Ra Starting	ate/Salary Final	
	Job Title	Supervisor			
	Reason for Leaving	•			

If you need additional space, please continue on a separate sheet of paper.

List professional, trade, business or civic activities and offices held.

You may exclude membership which would reveal gender, race, religion, national origin, age, ancestry, disability or other protected status:

Additional Information

Other Qualifications

Summarize special job-related skills and qualifications acquired from employment or other experience.

SPECIALIZED SKILLS

(CHECK SKILLS/EQUIPMENT OPERATED)

Spreadsheet	Production/Mobile Machinery (list)	Other (list)
Word Processing		
Shorthand		
WPM		
	Word Processing Shorthand	Spreadsheet Machinery (list)Word ProcessingShorthand

State any additional information you feel may be helpful to us in considering your application.

Note to Applicants: DO NOT ANSWER THIS QUESTION UNLESS YOU HAVE BEEN INFORMED ABOUT THE REQUIREMENTS OF THE JOB FOR WHICH YOU ARE APPLYING.

Can you perform the essential functions	of the job, for wh	nich you are	applying,	either with or	without a
reasonable accommodation?	YES	NO			

References

1	(Name)	_(_)	Phone #
2	(Address) (Name)	_(_)	Phone #
3	(Address) (Name) (Address)	_(_)	Phone #

FOR PERSONNEL DEPARTMENT USE ONLY	
Position(s) Applied For Is Open: 🗆 Yes 🗆 No	
Position(s) Considered For:	
Date	

NAME:

FUSITION:

DAIE:

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I certify that answers given herein are true and complete.

I authorize investigation of all statements contained in this application for employment as may be necessary in arriving at an employment decision.

This application for employment shall be considered active for a period of time not to exceed 45 days. Any applicant wishing to be considered for employment beyond this time period should inquire as to whether or not applications are being accepted at that time.

I hereby understand and acknowledge that, unless otherwise defined by applicable law, any employment relationship with this organization is of an *"at will"* nature, which means that the Employee may resign at any time and the Employer may discharge Employee at any time with or without cause.

In the event of employment, I understand that false or misleading information given in my application or interview(s) may result in discharge. I understand, also, that I am required to abide by all rules and regulations of the employer.

Signature of Applicant

Date

Amsterdam

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Arrange Interview Remarks	Yes 🗆 No					
Employed 🗆 Yes 🗆	□ No Date of Empl	oyment	INTERVIEWER	DATE		
Job Title	Hourly Rate/ Salary	Department				
By	NAME	AND TITLE	DATE			

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