



3000 North Township Blvd. • Pittston, PA 18640  
 570-655-2811 • 800-338-9997  
 FAX: 570-655-3242



**Application for Employment** PLEASE PRINT

Equal access to programs, services and employment is available to all persons. Those applicants requiring reasonable accommodations to the application and/or interview process should notify a representative of the Human Resources Department.

Position(s) applied for: \_\_\_\_\_ Date of application: \_\_\_\_\_

Name: Last \_\_\_\_\_ Middle \_\_\_\_\_ First \_\_\_\_\_

Address: Street \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Telephone: ( ) \_\_\_\_\_ Mobile/Other Phone #: ( ) \_\_\_\_\_ Email: \_\_\_\_\_

If you are under 18, and it is required, can you furnish a work permit? Yes  No

If no, please explain \_\_\_\_\_

Have you ever been employed here before? If yes give dates and position: \_\_\_\_\_

Do you have any relatives who work here? Name \_\_\_\_\_ Position \_\_\_\_\_

Are you eligible for employment in this country? Yes  No

Date available for work \_\_\_\_\_ What is your desired salary range? \_\_\_\_\_

Type of employment desired Full time  Part time  Temporary  Seasonal  Educational Co-Op

Have you ever pled "guilty" or "no contest" to or ever been convicted of a crime? Yes  No

If yes, please provide dates and details \_\_\_\_\_

Answering YES to these questions does not constitute an automatic bar to employment. Factors such as date of the offense, seriousness and nature of the violation, rehabilitation and position applied for will be taken into account.

References			
Name and Title	Relationship	Phone	Years Known

**Employment History**

Provide the following information of your past four (4) employers, assignments or volunteer activities, starting with the most recent.

From (Mo/Yr)	To (Mo/Yr)	Employer	Phone #
Starting job title/final title	Street address	City	State/Zip
Immediate supervisor/title	Summarize nature of work performed and responsibilities		
May we contact for references? Yes <input type="checkbox"/> No <input type="checkbox"/>	Compensation	Hourly <input type="checkbox"/>	Salary <input type="checkbox"/>
	Start \$	per	Final \$ per
Reason for leaving	Commission <input type="checkbox"/>	Bonus <input type="checkbox"/>	\$ (estimate)

From (Mo/Yr)	To (Mo/Yr)	Employer	Phone #
Starting job title/final title	Street address	City	State/Zip
Immediate supervisor/title	Summarize nature of work performed and responsibilities		
May we contact for references? Yes <input type="checkbox"/> No <input type="checkbox"/>	Compensation	Hourly <input type="checkbox"/>	Salary <input type="checkbox"/>
	Start \$	per	Final \$ per
Reason for leaving	Commission <input type="checkbox"/>	Bonus <input type="checkbox"/>	\$ (estimate)

AN EQUAL OPPORTUNITY EMPLOYER

From (Mo/Yr) _____ To (Mo/Yr) _____	Employer _____	Phone # _____
Starting job title/final title _____	Street address _____	City _____ State/Zip _____
Immediate supervisor/title _____	Summarize nature of work performed and responsibilities _____	
May we contact for references? Yes <input type="checkbox"/> No <input type="checkbox"/>	Compensation _____	Hourly <input type="checkbox"/> Salary <input type="checkbox"/>
	Start \$ _____ per _____	Final \$ _____ per _____
Reason for leaving _____	Commission <input type="checkbox"/>	Bonus <input type="checkbox"/> \$ _____ (estimate)

From (Mo/Yr) _____ To (Mo/Yr) _____	Employer _____	Phone # _____
Starting job title/final title _____	Street address _____	City _____ State/Zip _____
Immediate supervisor/title _____	Summarize nature of work performed and responsibilities _____	
May we contact for references? Yes <input type="checkbox"/> No <input type="checkbox"/>	Compensation _____	Hourly <input type="checkbox"/> Salary <input type="checkbox"/>
	Start \$ _____ per _____	Final \$ _____ per _____
Reason for leaving _____	Commission <input type="checkbox"/>	Bonus <input type="checkbox"/> \$ _____ (estimate)

### Skills and Qualifications

Word  Excel  Power Point  Machine Maintenance

Summarize any training, skills, licenses and/or certifications that may qualify you as being able to perform job-related functions in the position for which you are applying

\_\_\_\_\_  
 \_\_\_\_\_

Driver's license number if driving is an essential job function \_\_\_\_\_

### Educational Background (if job related)

School (include City, State)	Years Completed	Level Completed	Course of Study

### Applicant Statement

I certify that all the information I have provided in order to apply for and secure work with this employer is true, complete and correct.

I expressly authorize, without reservation, the employer, its representatives, employees or agents to contact and obtain information from all references (personal and professional), employers, public agencies, licensing authorities and educational institutions and to otherwise verify the accuracy of all information provided by me in this application, resume or job interview. I hereby waive any and all rights and claims I may have regarding the employer, its agents, employees or representatives, for seeking, gathering and using such information in the employment process and all other persons, corporations or organizations for furnishing such information about me.

I understand that the employer does not unlawfully discriminate in employment and no question on the application is used for the purpose of limiting or excluding applicant from consideration for employment on a basis prohibited by applicable local, state or federal law.

I understand that this application remains current for only 30 days. At the conclusion of that time, if I have not heard from the employer and still wish to be considered for employment, it will be necessary to reapply and fill out a new application.

If I am hired, I understand that I am free to resign at any time, with or without cause and without prior notice, and the employer reserves the same right to terminate my employment at any time, with or without cause and without prior notice, except as may be required by law. This application does not constitute an agreement or contract for employment for any specified period or definite duration. I understand that no supervisor or representative of the employer is authorized to make any assurances to the contrary and that no implied, oral or written agreements contrary to the foregoing express language are valid unless they are in writing and signed by the employer's president. I also understand that if I am hired, I will be requested to provide proof of identity and legal authority to work in the U.S. and that federal immigration laws require me to complete an I-9 Form in this regard.

I understand that any information provided by me that is found to be false, incomplete or misrepresented in any respect will be sufficient cause to (1) cancel further consideration of this application, or (2) immediately discharge me from the employer's service, whenever it is discovered.

**DO NOT SIGN UNTIL YOU HAVE READ THE ABOVE APPLICANT STATEMENT**

*I certify that I have read, understand and accept all terms of the foregoing Applicant Statement*

Signature of applicant \_\_\_\_\_ Date \_\_\_\_\_

Referred by \_\_\_\_\_

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