
Work History (continued)

Current or Most Recent Employer: _____

Address: _____

Your Job Title: _____ Name of your Supervisor: _____

Dates Employed: From _____ to _____

Describe your Duties: _____

Current or Final Pay Rate: _____

Why did you leave (or wish to leave) this job? _____

Employer: _____

Address: _____

Your Job Title: _____ Name of your Supervisor: _____

Dates Employed: From _____ to _____

Describe your Duties: _____

Final Pay Rate: _____

Why did you leave (or wish to leave) this job? _____

Employer: _____

Address: _____

Your Job Title: _____ Name of your Supervisor: _____

Dates Employed: From _____ to _____

Describe your Duties: _____

Final Pay Rate: _____

Why did you leave (or wish to leave) this job? _____

Work History (continued)

Employer: _____

Address: _____

Your Job Title: _____ Name of your Supervisor: _____

Dates Employed: From _____ to _____

Describe your Duties: _____

Final Pay Rate: _____

Why did you leave (or wish to leave) this job? _____

Employer: _____

Address: _____

Your Job Title: _____ Name of your Supervisor: _____

Dates Employed: From _____ to _____

Describe your Duties: _____

Final Pay Rate: _____

Why did you leave (or wish to leave) this job? _____

Check here if more information is attached.

If at any of the previously listed schools or employers, you were known by another name, list it here.

Name

Last

First

Middle

Are you able to perform the work of the job for which you are applying? yes no (if no, see supplemental form or attach an explanation of any accommodations needed). The employer will make reasonable accommodations if necessary to enable you to perform a job. The need for a reasonable accommodation will not be a factor in consideration for employment.

Qualifications (continued)

Please answer any question below that may apply to the position for which you are applying.

1. Can you type? ___yes ___no Speed (correct words per minute) _____
2. Can you operate a computer without assistance? ___yes ___no If yes, are you familiar with any Microsoft Programs? ___yes ___no Which programs?
3. Can you create a file? ___yes ___no Can you save a file to disk? ___yes ___no
4. Are you proficient in any word-processing or spreadsheet programs? ___yes ___no If yes, which program.
5. List any other office machines that you are familiar with and can operate proficient without assistance.
6. Do you possess a valid Pennsylvania motor vehicle operator's? ___yes ___no For What Class? _____
License expiration date _____
7. What type of motor vehicles and construction equipment can you operate? Please list .
8. Are you able to work overtime, if necessary? ___yes ___no
9. Have you ever been refused bond? ___yes ___no
10. Can you understand, speak of write any language other than English? ___yes ___no If yes, please list.
11. Are you now serving or have you served in any branch of the U.S. Military Services including the National Guard or Reserves? ___yes ___no

Is there any other information we should be aware of which has a bearing on your qualifications for the work for which you are applying? ___yes ___no (If yes, list below or on a separate sheet. Do not volunteer any information about your age, sex, religion, race, national origin, or disability.)

Personal References

List at least three references who know you personally and who are familiar with your work qualifications, and who are not related to you.

	Name	How Known	Address	Phone
1.	_____	_____	_____	_____
2.	_____	_____	_____	_____
3.	_____	_____	_____	_____
4.	_____	_____	_____	_____
5.	_____	_____	_____	_____

Additional Comments : _____

I certify that to the best of my knowledge, the information on this form is correct and complete. I understand that any misrepresentation on the application will be cause for me to be removed from further consideration, or, if I have been hired, may be grounds for my dismissal.

Signature

Date

Social Security Number: _____ - _____ - _____