

Employment Application

			Арр	olican	t Informa	ation				
Full Name:			Date:							
	Last		Firs	t			М.І.			
Address:										
	Street Address							Apartn	nent/Unit #	ŧ
	City						State	ZIP Co	ode	
Phone:					Email:					
Birth Date:		Date A	vailable	:			-			
PA Driver's	License Number:									
Position App	plied for:									
List Any Ma You Can Op	chines or Tools perate:									
			YES	NO					YES	NO
Are you a ci	itizen of the United S	States?			lf no, ai	e you autho	orized to wo	ork in the U.S.	?	
			YES	NO						
Are you will	ing to work outside	of this area?								
Were you re	eferred to Rogele, Ir		YES	NO						
were you re	eleffed to Rogele, li	IC. !								
If yes, by wi	hom?									
		_	_	Edu	ucation			_		
High Schoo	ı.			Lu						
riigii Ochoo					YES	NO				
From:	То:	Die	d you g	raduat						

College:								
From:	To		Did you graduate?	YES	NO	Degree:		
	10					Dogroo.		
Other:								
From	To		Did you graduate?	YES	NO	Degree:		
110m.	10		Did you graddale?			Degree		
			Previous E	mploy	ment			
Company:						Phone:		
Address:						Position:		
From:		To:						
Reason for	Leaving:							
Company:						Phone:		
Address:						Position:		
From:		To:						
Reason for	Leaving:							
Company:						Phone:		
Address:								
From:		To:						
Reason for	Leaving:							
Military Service								
Branch:						From:	То:	
Rank at Dis	charge:			Туре	of Disch	harge:		
If other than	n honorable, expla	ain:						

EEO Statistical Questionnaire

Equal Employment Opportunity Policy

It has been and will continue to be our policy to be an equal opportunity employer. Our objective is to recruit, hire, train and promote into all levels the most qualified applicants without regard to race, color, religion, sex, age, national origin, marital status, physical or mental handicap. All such decisions are made by utilizing standards based on the individual's qualifications as the relate to the particular job vacancy and to the furtherance of equal employment opportunity.

The following information is necessary to comply with Federal, State and Local agency regulatory reporting requirements. The information you provide on this form will be remove from the application, maintained file and used only for reporting purposes. This information will not be used in any hiring decision.

Position App	blied For:			Date:		
Race:	American Indian/ Alaska Native Asian/ Pacific Islander Black			Hispanic White		
Gender:	Male Female					
		YES	NO			
Vietnam Veteran?		YES	NO			
Permanent Disability/ Handicap?				Specify:		
-	oted You to Apply? wspaper/ Ad-Specific	Paper				
Employee						
Own Initiative						
Agency Referral-Specific Agency						
Ot	her-Specific					