

JB Zimmerman

Employment Application

880 E. Main Street New Holland, Pa. 17557

Applicants are considered for all available positions without regard to race, color, religion, sex, national origin, age, marital or veteran status, or the presence of non-job-related medical condition or handicap.

PLEASE PRINT

Application Date _____

Position(s) Applied For _____

Referral Source

- Advertisement Friend Relative Walk-In
 Employment Agency Other

Name

_____ Last First Middle

Address

_____ Number Street

_____ City State Zip Code

Telephone

(____) _____
Area Code

Email _____

Do you have a valid PA driver's license? Yes No
(Answer if position requires use of a vehicle)

List all accidents and citations in three (3) years. _____

If employed and you are under 18, can you furnish a work permit?

- Yes
 No

Have you filed an application here before? Yes No
 If Yes, give date _____

Have you ever been employed here before? Yes No
 If Yes, give date _____

Are you employed now? Yes No

May we contact your present employer? Yes No

Are you prevented from lawfully becoming employed in this country because of Visa or Immigration Status? Yes No
(Proof of citizenship or immigration status may be required upon employment.)

When would you be available for work? _____

Are you available to work? Full Time Part Time Shift Work Temporary

Are you available to work evenings and Saturdays? Yes No

Are you on a lay-off and subject to recall? Yes No

Can you travel if a job requires it? Yes No

Have you ever been convicted of a felony or misdemeanor? Yes No
(Conviction will not necessarily disqualify applicant from employment.)

If Yes, please explain _____

Employment Experience

Start with your present or last job. Include military service assignments, and volunteer activities. You may exclude organization names which indicate race, color, religion, gender, national origin, handicap or other protected status.

1. Employer _____ Telephone () _____
 Address _____ Dates Employed _____ From: _____
 _____ To: _____
 Job Title _____ Hourly Rate / Salary _____ Starting: _____
 Supervisor _____ Final: _____
 Work Performed _____

Reason for Leaving _____

2. Employer _____ Telephone () _____
 Address _____ Dates Employed _____ From: _____
 _____ To: _____
 Job Title _____ Hourly Rate / Salary _____ Starting: _____
 Supervisor _____ Final: _____
 Work Performed _____

Reason for Leaving _____

3. Employer _____ Telephone () _____
 Address _____ Dates Employed _____ From: _____
 _____ To: _____
 Job Title _____ Hourly Rate / Salary _____ Starting: _____
 Supervisor _____ Final: _____
 Work Performed _____

Reason for Leaving _____

4. Employer _____ Telephone () _____
 Address _____ Dates Employed _____ From: _____
 _____ To: _____
 Job Title _____ Hourly Rate / Salary _____ Starting: _____
 Supervisor _____ Final: _____
 Work Performed _____

Reason for Leaving _____

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

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

Which of the jobs listed did you like most, and why?

Which of the jobs did you like least, and why?

What do you do for recreation?

List any additional information which you feel may be helpful.

Veteran of the U.S. Military Service? Yes No

If Yes, Branch: _____

Do you speak, read and/or write any languages other than English?

Yes No

If Yes, indicate which languages. _____

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

(You may exclude those which indicate race, color, religion, sex or national origin.)

Give Name, Address, and Phone Number of three (3) work-related references who are not related to you.

Name	Address	Phone Number
Name	Address	Phone Number
Name	Address	Phone Number

AN EQUAL OPPORTUNITY EMPLOYER M / F / V / H

Education

	Elementary	High	College / University	Graduate / Professional
School Name				
Years Completed (Circle)	4 5 6 7 8	9 10 11 12	1 2 3 4	1 2 3 4
Are you currently a student?		Yes	No	
Degree & Course of Study				
Describe specialized training, apprenticeship, skills, and extra-curricular activities				

Honors Received: _____

List extra-curricular activities _____

READ THE FOLLOWING BEFORE SIGNING YOUR APPLICATION

I authorize the company to inquire about the information provided in this application, work history, qualifications, and any other information the company in its discretion considers relevant. I authorize any person or entity to provide this information to the company. I release the company and its representatives, and any person or entity, which provides the information from all liability arising from inquiries, providing information, or deciding about my employment as a result of inquiries or information.

I understand this application is not and is not intended to be a contract of employment.

I understand I am required to abide by all rules and regulations of the company.

I certify that answers provided herein are true and complete to the best of my knowledge.

Signature of Applicant _____

Date _____

For Personnel Department Use Only				
	Interview	Physical / Drug	Orientation	Employed
Date				
Time				
Complete / Passed		/		
Interviewer				
Job Title			Department	
Remarks			Wage	