

SHARON COMMERCIAL PRINTING

309 Penn Avenue • Sharon, Pennsylvania 16146 • Phone: 724-981-5220

Email: info@sharoncommercialprinting.com

Website: www.sharoncommercialprinting.com

APPLICATION FOR EMPLOYMENT

Personal Information

Name (last, first, middle)

Date

Social Security Number

Address

City

State

Zip Code

Home Phone ()

Cell Phone ()

Email Address

If employed, can you provide proof of U.S. citizenship? Yes No N/A

Are you 18 or over? Yes No

Employment Desired and Availability

Position(s) applying for

Referred by

Preferred starting date.

Are you employed now. If so, may we inquire of your present employer?

Are you available for weekend work?

Have you ever applied at Sharon Commercial Printing. . .If so, when?

Salary/wage desired?

Education

High school

Did you graduate?

Dates attended

Activities?

College/University

Did you graduate?

Dates attended

Activities?

Trade or technical training

Did you graduate?

Dates attended

Degrees or diplomas

Military Service (Have you been, or are you now a member of the US Armed Services)

Branch of service

Dates of service

Rank at entrance

/discharge

List the service schools attended

Employment History

Begin with most recent employer. Attach additional sheet if needed.

1. Employer

Dates of employment

Address

City

State

Zip code

Phone ()

Beginning salary

Ending salary

Title/duties

Manager's name

Why did you leave?

2. Employer

Dates of employment

Address

City

State

Zip code

Phone ()

Beginning salary

Ending salary

Title/duties

Manager's name

Why did you leave?

3. Employer

Dates of employment

Address

City

State

Zip code

Phone ()

Beginning salary

Ending salary

Title/duties

Manager's name

Why did you leave?

Personal Data

Have you been convicted of a crime (other than traffic violations) or been imprisoned during the last seven years? A conviction will not necessarily bar you from employment. No Yes

Explain.

Names of friends or relatives that are employed by this company.

Do you have any physical or mental disability that may limit your performance in the job you are applying for? If so, what can be done to accommodate your limitation?

References

List three professional references who are familiar with the quality of your work, have worked directly with you, and have known you at least two years.

1. Reference

Work phone ()

Home phone ()

Address

City

State

Zip code

Relationship

Years acquainted?

2. Reference

Work phone ()

Home phone ()

Address

City

State

Zip code

Relationship

Years acquainted?

3. Reference

Work phone ()

Home phone ()

Address

City

State

Zip code

Relationship

Years acquainted?

NOTE: List qualifications and other job skills on last page.

Qualifications and other job skills: _____

Comments: _____

By signing my name below, I certify that the answers given in this application for employment are true and correct to the best of my knowledge. I authorize such inquiry into the statements made in this application as may be necessary in reaching an employment decision. I understand that any false or misleading information given in this application or during a pre-employment interview, including a failure to disclose requested information, may result in my discharge. I understand that I am required to submit to a drug test prior to hiring and may be randomly tested during my employment.

Applicant's signature _____ Date _____