



4423 Oregon Pike Ephrata, PA 17522

TRAILER & TRUCK BODY REPAIR • COMPLETE BODY & PAINT SHOP
HEAVY DUTY TRUCK PARTS DISTRIBUTOR

APPLICATION FOR EMPLOYMENT

We appreciate your interest in our organization and assure you that we are sincerely interested in your qualifications. A clear understanding of your background and work history will aid us in placing you in the position that best meets your qualifications and may assist us in possible future upgrading.

Date of Application____/____/____

Position(s) Applied For:_____

Rate of Pay Expected Per Hour:_____

Where You Previously Employed by Us ? _____ If Yes, When ? _____

On What Date Will You Be Available For Work ? _____

PERSONAL INFORMATION

Name:_____

Last	First	Middle
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Present Address:_____

Street/PO Box	City	State	Zip
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Telephone:_____ Cell #:_____

Social Security No.:_____ Date of Birth:_____

Email Address: _____

Are you legally eligible for employment in the USA?_____

Marital Status:Single____ Married____ Separated____ Divorced____ Widowed____

Emergency Contact::_____

Name	Phone #	Relationship
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Have you ever been convicted of a crime, excluding misdemeanors and summary offenses, in the past ten years which has not been annulled or expunged or sealed by a court? _____

If yes, describe in full:_____

Are you physically able to perform the tasks required for this position? _____

MILITARY SERVICE RECORD

Were you in the US Armed Forces? _____ If yes, what branch _____

Dates of duty: From _____ To _____ Rank at discharge _____

EDUCATION

High School name and address _____

Did you graduate? Yes _____ No _____ Last grade completed _____

List any other training or education: _____

LIST BELOW ALL PRESENT & PAST EMPLOYMENT, BEGINNING WITH YOUR MOST RECENT

Name and Address of Company: _____

Phone Number: _____ Name of Supervisor: _____

Dates of Employment: From _____ To _____

Reason for Leaving _____

Describe Work Performed: _____

Starting Rate: _____ Ending Rate: _____

Name and Address of Company: _____

Phone Number: _____ Name of Supervisor: _____

Dates of Employment: From _____ To _____

Reason for Leaving _____

Describe Work Performed: _____

Starting Rate: _____ Ending Rate: _____

Name and Address of Company: _____

Phone Number: _____ Name of Supervisor: _____

Dates of Employment: From _____ To _____

Reason for Leaving _____

Describe Work Performed: _____

Starting Rate: _____ Ending Rate: _____

May we contact the employers listed above? _____ If not, indicate which one(s) we may not contact _____

The facts set forth in my application for employment are true and complete. I understand that if employed, any false statement on this application may result in my dismissal. I further understand that this application is not intended to be a contract of employment, nor does this application obligate the employer in any way if the employer decides to hire me. You are hereby authorized to make any investigation of my personal history, financial and credit record through any investigative or credit agencies or bureaus of your choice.

Signature of Applicant

Date