

Application for Employment

Name			
LAST		FIRST	MIDDLE
Address	e e e	•	
	CITY	STATE	ZIP
Telephone ())		
Email		_ Store Location	

WE ARE AN EQUAL OPPORTUNITY EMPLOYER

Applications are received and employees are hired without regard to race, creed, color, sex, religion, age, national origin, marital status, physical or mental handicap, disability, sexual orientation, veteran's status, citizenship status, or any other protected classes under state, local, or county regulations. The receipt of this application does not mean that job openings exist and does not obligate us in any way. We appreciate your interest in our organization.

ALL QUESTIONS MUST BE ANSWERED.

STATE "N/A" IF QUESTION IS NOT APPLICABLE.

THIS IS A DRUG FREE WORKPLACE

Fleetwood Location 721 Park Rd. Fleetwood, PA 19522 610-944-3000 Lititz Location 546A East 28th Division Highway Lititz, PA 17543 717-626-7007 Mohnton Location 1749 Bowmansville Rd. Mohnton, PA 19540 717-445-6055

Personal Information

(PLEASE PRINT)

Date of Applicat	ApplicationPosition(s) Applied For					
Salary Expectation	on	On	what date would	you be available	for work?	
Are you available	e to work 🗆 Full-	time 🗆 Part-time	□ Weekends □	Temporary		
	Times	available for wo	rk (please indicate who	ether "a.m.," "p.m.," o	r "any")	
Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
How were you re	eferred to us?					
Have you filed a	n application her	e before? Yes	□No	If yes, date/locatio	n	
Have you ever be	een employed he	re before? Yes	□No	If yes, date/locatio	n	
Are you employe	ed now?	es □ No Ma	y we contact you	r present employ	rer? □ Yes □	No
Does your prese	nt employer knov	v of your plans to	o change employ	ment? Yes	l No	
Why do you des	ire to make a cha	nge?				
Are you on a lay	off and subject to	recall?	□No			
Have you ever be	een discharged or	requested to res	ign from a positi	on? □ Yes [□ No If yes, ex	kplain.
•						
How much time	have you lost fro	m work during tl	he last 12 month	s?		
Do you have stea	ady transportatio	n to work? Ye	es □ No (Can you travel if	a job requires it	? □ Yes □ No
Have you ever he	eld a position of t	rust (handling m	noney or confider	ntial material)?	□ Yes □ No	
Have you ever be	een refused Bond	? If Ye	s, please explain			
Are you legally e (Proof of citizenship)	ligible to work in /immigration status o	the United State & identity is required	es? □ Yes □ ſ d upon employment.) 40		
	een convicted of on the not an automatic ba		tence for a crime	(s) other than a r	ninor traffic vio	lation?
□ Yes □ No If	so, state date, cour	t and place where	offense(s) occurre	ed		
Do you hold a va	alid driver's licen	se? □ Yes □ N	o List Stat	e		
Have you been c	onvicted of any n	noving violation(s) in the last 3 ye	ears?	If Yes, give date	(s) and explanation.
2)				3)	<u> </u>	
*						
	nt to work here?					

Full Employment History (Must be completed even when accompanied by resume)

Start with your present or last job. Include ALL assignments and positions held. Be specific about information and dates.

A COMPLETE WORK HISTORY MUST BE PROVIDED. ALL EMPLOYMENT "GAPS" MUST BE LISTED.

Employer	Dotas F	malassa	6 244 2
	Dates Employed		Summary of Work Performed
	From (Mo/Yr)	To (Mo/Yr)	& Job Responsibilities
Address (Street, City and State)		L	
	Phone:		
Job Title	Hourly Rate/Salary		
	Starting	Final	
Supervisor			
Resigned Terminated State Reason:			
Employer	Dates Employed		C CW I b C
			Summary of Work Performed & Job Responsibilities
Address (Super City 1 Super)	From (Mo/Yr)	To (Mo/Yr)	& Job Responsibilities
Address (Street, City and State)		L	
	Phone:		
Job Title	Hourly R	ate/Salary	
	Starting	Final	
Supervisor			
Resigned □ Terminated □ State Reason:			
Employer	Dates Employed		Carres CM LD C
	From (Mo/Yr)		Summary of Work Performed & Job Responsibilities
Address (Street, City and State)	Tiom (MO/11)	To (Mo/Yr)	& job Responsibilities
Address (Street, City and State)			
	Phone:		
Job Title	Hourly R	ate/Salary	
	Starting	Final	
Supervisor			
Resigned □ Terminated □ State Reason:			
Employer	n e e e		
F	Dates Employed		Summary of Work Performed
A11 (0 G)	From (Mo/Yr)	To (Mo/Yr)	& Job Responsibilities
Address (Street, City and State)			
	Phone:		
Job Title	Hourly Rate/Salary		
	Starting	Final	
Supervisor			
Resigned □ Terminated □ State Reason:			

If you need additional space to provide a full work history, you must request a separate sheet(s) of paper.

Special Ski Summarize special sk	IIs and Qua	lifications acquired from emplo	oyment or other exper	rience		
List professional, trad	le, business or civic ac	tivities and offices he	eld			
Computer skills (list Typing V	programs and proficie VPM Shorthand	ncy level)WPM				
What foreign languag	ges do you speak, read	and/or write?				
Education	Informatio	n				
SCHOOLING	YEARS COMPLETED	DEGREE REC. & MAJOR SUB.	NAME OF SCHOOL	LOCA	ATION	DID YOU GRADUATE?
GRAMMAR OR HIGH SCHOOL						
TRADE BUS. OR CORRESPONDENCE						
COLLEGE						
GRADUATE SCHOOL						
Honors Received:						
Military Se	ervice				•	
	Branch of Service and Serial Number Present Selective Service Classification Rank at Discharge			ischarge		
List Duties/Special Train	ning				<u> </u>	
on this application or a investigation of my pers of your choice. You are	e in my application for en iny other employment fo sonal history, financial, c also authorized to adm cation for employment.	orm may lead to dismi riminal, credit and mot inister personality prof	ssal or denial of employ or vehicle records throug ile tests and verify my b	ment. You gh any inve ackground.	are hereby stigative or o A criminal	or omission of information authorized to make any credit agencies or bureau record or sentence is no nent and I agree to submi
through personal inter- character, general reput a reasonable period of exchange for the consid- its directors, officers, en- liabilities which may res- the use of any informat	on for employment, I also views with my neighbors tation, personal characte time to receive addition eration of my employme mployees and agents) an sult from an investigation ion in this application to uestions asked concerning	s, friends or others with the state of living al, detailed information and my past and/or present of my past and	h whom I am acquainte ing. I understand that I in about the nature and company, I hereby relea- ent employers (their dire sent employment or fron and I authorize the past	ed. This in have the ri scope of the se and forevectors, officent the disclopers,	quiry incluous ght to make its investigation of the control of the	des information as to me a written request withing tive consumer report. If the company (including the sand agents) from an information. I authorize the references and any other
that this "at will" relationacknowledged by an auby myself or the compa	application is accepted tonship may not be chang thorized executive of the ny and includes no guar. femployment is a new h	ed by any written docu e company. I further u antee, contract or prom	ment, verbal statements nderstand that my "at w iise of employment for a	, or by cond vill" employ	luct unless s ment may l	such change is specificall be terminated at any tim
Signature of App	plicant			Date		
In case of emergence	y, I authorize you to	notify:				
Work Phone ()		Home Phone ()		