



Mount Pocono Application for Employment

Conditions of employment are stated at the end of this form. Please read carefully before you sign this application. (Application must be completed in full even if attaching a resume.)

POSITION APPLIED FOR _____ **DATE** _____

PERSONAL			
PLEASE PRINT USING BALLPOINT PEN			

FULL NAME	FIRST MIDDLE LAST	SOCIAL SECURITY NUMBER	
PRESENT ADDRESS	STREET CITY STATE ZIP	HOW LONG	HOME TELEPHONE #
PREVIOUS ADDRESS	STREET CITY STATE ZIP	HOW LONG	CELL #

IF NO PHONE, HOW MAY WE CONTACT YOU?

ARE ANY OF YOUR RELATIVES PRESENTLY EMPLOYED WITH THE COMPANY OR ITS DIVISIONS?
 YES NO
IF YES, NAME OF RELATIVE:

HAVE YOU EVER WORKED FOR THE COMPANY OR ITS DIVISIONS BEFORE?
 YES NO
IF YES, WHERE? APPROXIMATE DATE: MO/YR.

HAVE YOU EVER APPLIED FOR THE COMPANY OR ITS DIVISIONS BEFORE?
 YES NO
IF YES, WHERE? APPROXIMATE DATE: MO/YR.

Referred by:

GENERAL INFORMATION

**IF YOU ARE UNDER AGE 18,
PLEASE STATE YOUR AGE:**

**IF UNDER AGE 18,
CAN YOU SUPPLY WORKING
PAPERS? YES NO**

ONLY U.S. CITIZENS OR ALIENS WHO HAVE A LEGAL RIGHT TO WORK IN THE U.S. ARE ELIGIBLE FOR EMPLOYMENT. CAN YOU, UPON EMPLOYMENT PROVIDE GENUINE DOCUMENTATION ESTABLISHING YOUR IDENTITY AND ELIGIBILITY TO BE LEGALLY EMPLOYED IN THE UNITED STATES?

YES NO

HAVE YOU EVER BEEN CONVICTED OF A CRIME OR VIOLATION OTHER THAN A MINOR TRAFFIC INFRACTION? YES NO

(A CONVICTION RECORD WILL NOT NECESSARILY BE A BAR TO EMPLOYMENT.) IF YES, PLEASE EXPLAIN:

HAVE YOU EVER BEEN DISCHARGED FROM ANY EMPLOYMENT OR ASKED TO RESIGN?

YES NO

IF YES, PLEASE EXPLAIN:

PLEASE CHECK SCHEDULE AVAILABILITY:

I am available and desire to work FULL-TIME (40 hours) and do not have restrictions on my hours and days. (Complete Section Below)

I am only available for PART-TIME because:

Student Other Job Other (explain) _____

Please indicate your Shift Preference below by indicating by #1 = most preferred,
#2 = next preferred.

Shift Preference:

12 Hour Shifts	7:00 am - 7:00 pm	
12 Hour Shifts	7:00 pm – 7:00 am	

NOTE: WORK SCHEDULES ARE BASED UPON THE NEEDS OF THE BUSINESS AND MAY BE SUBJECT TO CHANGE ON A WEEKLY BASIS. THE 12 HOUR SHIFTS WORK A 4 DAY WEEK ON WEEK 1 – MON, TUES, FRI, & SAT – AND A 3 DAY WEEK ON WEEK 2 – SUN, WED, THURS.

WAGE EXPECTED:

DATE AVAILABLE FOR WORK?

EMPLOYMENT HISTORY

BEGIN WITH YOUR MOST RECENT EMPLOYMENT (1) AND CONTINUE WITH ALL PAST EMPLOYMENT (ATTACH ADDITIONAL SHEET IF NECESSARY)

1	EMPLOYER	<u>FROM</u> MO./YR.	STARTING SALARY	JOB TITLE	REASON FOR LEAVING (Please Explain)
	NAME OF COMPANY		\$	DESCRIBE YOUR JOB DUTIES	
	ADDRESS	<u>TO</u> MO./YR.	ENDING SALARY		
	CITY,STATE,ZIP		\$		NAME & TITLE OF IMMEDIATE SUPERVISOR
	PHONE NO.	TYPE OF BUSINESS			
	EXPLAIN ANY PERIOD BETWEEN JOBS				MAY WE CONTACT EMPLOYER? [] YES [] NO

2	EMPLOYER	<u>FROM</u> MO./YR.	STARTING SALARY	JOB TITLE	REASON FOR LEAVING (Please Explain)
	NAME OF COMPANY		\$	DESCRIBE YOUR JOB DUTIES	
	ADDRESS	<u>TO</u> MO./YR.	ENDING SALARY		
	CITY,STATE,ZIP		\$		NAME & TITLE OF IMMEDIATE SUPERVISOR
	PHONE NO.	TYPE OF BUSINESS			
	EXPLAIN ANY PERIOD BETWEEN JOBS				MAY WE CONTACT EMPLOYER? [] YES [] NO

3	EMPLOYER	<u>FROM</u> MO./YR.	STARTING SALARY	JOB TITLE	REASON FOR LEAVING (Please Explain)
	NAME OF COMPANY		\$	DESCRIBE YOUR JOB DUTIES	
	ADDRESS	<u>TO</u> MO./YR.	ENDING SALARY		
	CITY,STATE,ZIP		\$		NAME & TITLE OF IMMEDIATE SUPERVISOR
	PHONE NO.	TYPE OF BUSINESS			
	EXPLAIN ANY PERIOD BETWEEN JOBS				MAY WE CONTACT EMPLOYER? [] YES [] NO

4	EMPLOYER	<u>FROM</u> MO./YR.	STARTING SALARY	JOB TITLE	REASON FOR LEAVING (Please Explain)
	NAME OF COMPANY		\$	DESCRIBE YOUR JOB DUTIES	
	ADDRESS	<u>TO</u> MO./YR.	ENDING SALARY		
	CITY,STATE,ZIP		\$		NAME & TITLE OF IMMEDIATE SUPERVISOR
	PHONE NO.	TYPE OF BUSINESS			
	EXPLAIN ANY PERIOD BETWEEN JOBS				MAY WE CONTACT EMPLOYER? [] YES [] NO

EDUCATION

TYPE OF SCHOOL	NAME AND ADDRESS OF SCHOOL	MAJOR SUBJECT	CIRCLE LAST YEAR ATTENDED	GRADUATED	DEGREE
HIGH SCHOOL			9 10 11 12	[] YES [] NO	
COLLEGE			1 2 3 4	[] YES [] NO	
COLLEGE			1 2 3 4	[] YES [] NO	
GRADUATE SCHOOL			1 2 3 4	[] YES [] NO	
BUSINESS, TRADE OTHER			1 2 3 4	[] YES [] NO	

ADDITIONAL EXPERIENCE OR QUALIFICATIONS

List any other experience, skills or other qualifications including hobbies, which you believe should be considered in evaluating your qualifications for employment.
 Please indicate any prior military service that you would like considered in connection with your application for employment.

ATTENDANCE AND PUNCTUALITY INFORMATION

Consistent attendance and punctuality are essential requirements of every job with this company. Is there anything, Which would interfere with your regular attendance and punctuality if you were offered a job with the company?
 [] YES [] NO
 If Yes, please explain

PERSONAL OR BUSINESS REFERENCES

1	NAME	OCCUPATION
	HOME ADDRESS	PHONE () BUSINESS
	CITY AND STATE (ZIP)	RELATIONSHIP
2	NAME	OCCUPATION
	HOME ADDRESS	PHONE () BUSINESS
	CITY AND STATE (ZIP)	RELATIONSHIP

NOTIFICATION AND AGREEMENT

PLEASE READ BEFORE SIGNING

I CERTIFY THAT ALL ANSWERS GIVEN BY ME ARE TRUE, ACCURATE AND COMPLETE, I UNDERSTAND THAT THE FALSIFICATION, MISREPRESENTATION OR OMISSION OF FACT ON THIS APPLICATION (OR ANY OTHER ACCOMPANYING OR REQUIRED DOCUMENTS) WILL BE CAUSE FOR DENIAL OF EMPLOYMENT OR IMMEDIATE TERMINATION OF EMPLOYMENT, REGARDLESS OF WHEN OR HOW DISCOVERED.

Questions regarding this statement should be directed to any employment interviewer before signing. The application will be given every consideration, but its receipt does not imply that the applicant will be employed.

It is the policy of the company to afford equal opportunity to all employees and applicants for employment without regard to age, race, religion, color, sex, national origin, marital status, expunged juvenile records, or pregnancy, and to afford equal opportunities to disabled veterans, veterans of the Vietnam era, and individuals with a disability, any and other characteristic protected by Federal, State or Local law.

I authorize the investigation of all statements and information contained in this application. I release from all liability anyone supplying such information and I also release the employer from all liability that might result from making an investigation.

If hired, I agree to abide by all of the company rules and regulation, and understand that, if employed, my employment may be terminated with or without cause, and with or without notice, at any time, at the option of either the company or me, I further understand that no representation, whether oral or written by any representative or agent of the Company, at any time, can constitute a contract of employment. I understand that the Company and all Plan Administrators shall have the maximum discretion permitted by law to administer, interpret, modify, discontinue, enhance or otherwise change all policies, procedures, benefits or other terms or conditions of employment. No representative or agent of the company, has the authority to enter into any agreement for employment for any specified period of time or to make any change in any policy, procedure, benefit or other term or condition of employment other than in a document signed by the President or Executive Vice President, or to make any agreement contrary to the foregoing.

I acknowledge that I have read and understand the above statements and hereby grant permission to confirm the information supplied on this application by me.

APPLICANT SIGNATURE _____ DATE _____

INTERVIEWED BY _____ DATE _____