



21380 US Route 119
 Punxsutawney, PA 15767
 814.938.1095

APPLICATION FOR EMPLOYMENT
 (Pre-Employment Questionnaire) (An Equal Opportunity Employer)

PERSONAL INFORMATION

				DATE			
NAME				SOCIAL SECURITY NUMBER			
LAST		FIRST		MIDDLE			
PRESENT ADDRESS							
STREET			CITY		STATE		ZIP
PERMANENT ADDRESS							
STREET			CITY		STATE		ZIP
PHONE NO.				ARE YOU 18 YEARS OR OLDER? Yes <input type="checkbox"/> No <input type="checkbox"/>			
ARE YOU EITHER A U.S. CITIZEN OR AN ALIEN AUTHORIZED TO WORK IN THE UNITED STATES? Yes <input type="checkbox"/> No <input type="checkbox"/>							
HAVE YOU EVER BEEN CONVICTED OF A CRIME? Yes <input type="checkbox"/> No <input type="checkbox"/> (CONVICTION RECORD WILL NOT NECESSARILY DISQUALIFY YOU FROM EMPLOYMENT)							

LAST

EMPLOYMENT DESIRED

POSITION		DATE YOU CAN START		SALARY DESIRED	
ARE YOU EMPLOYED NOW?		IF SO MAY WE INQUIRE OF YOUR PRESENT EMPLOYER?			
EVER APPLIED TO THIS COMPANY BEFORE?		WHERE?		WHEN?	
REFERRED BY					

FIRST

EDUCATION	NAME AND LOCATION OF SCHOOL	NO OF YEARS ATTENDED	*DID YOU GRADUATE?	SUBJECTS STUDIED
ATTENDED				
GRAMMAR SCHOOL				
HIGH SCHOOL				
COLLEGE				
TRADE, BUSINESS OR CORRESPONDENCE SCHOOL				

MIDDLE

GENERAL

SUBJECTS OF SPECIAL STUDY OR RESEARCH WORK

SPECIAL SKILLS

ACTIVITIES: (CIVIC ATHLETIC ETC.)

EXCLUDE ORGANIZATIONS, THE NAME OF WHICH INDICATES THE RACE, CREED, SEX, AGE, MARITAL STATUS, COLOR OR NATION OF ORIGIN OF ITS MEMBERS.

U. S MILITARY OR NAVAL SERVICE	RANK	PRESENT MEMBERSHIP IN NATIONAL GUARD OR RESERVES
--------------------------------	------	--

*This form has been revised to comply with the provisions of the Americans with Disabilities Act and the final regulations and interpretive guidance promulgated by the EEOC on July 26, 1991.



FORMER EMPLOYERS (LIST BELOW LAST THREE EMPLOYERS, STARTING WITH LAST ONE FIRST).

DATE MONTH AND YEAR	NAME AND ADDRESS OF EMPLOYER	SALARY	POSITION	REASON FOR LEAVING
FROM TO				
FROM TO				
FROM TO				
FROM TO				

WHICH OF THESE JOBS DID YOU LIKE BEST?

WHAT DID YOU LIKE MOST ABOUT THIS JOB?

REFERENCES: GIVE THE NAMES OF THREE PERSONS NOT RELATED TO YOU, WHOM YOU HAVE KNOWN AT LEAST ONE YEAR.

NAME	ADDRESS	BUSINESS	YEARS ACQUAINTED
1			
2			
3			

THE FOLLOWING STATEMENT APPLIES IN: MARYLAND & MASSACHUSETTS. [Fill in name of state.]

IT IS UNLAWFUL IN THE STATE OF _____ TO REQUIRE OR ADMINISTER A LIE DETECTOR TEST AS A CONDITION OF EMPLOYMENT OR CONTINUED EMPLOYMENT. AN EMPLOYER WHO VIOLATES THIS LAW SHALL BE SUBJECT TO CRIMINAL PENALTIES AND CIVIL LIABILITY.

Signature of Applicant

IN CASE OF EMERGENCY NOTIFY

NAME	ADDRESS	PHONE NO.

"I CERTIFY THAT ALL THE FACTS CONTAINED IN THIS APPLICATION ARE TRUE AND COMPLETE TO THE BEST OF MY KNOWLEDGE AND UNDERSTAND THAT, IF I AM EMPLOYED FALSIFIED STATEMENTS ON THIS APPLICATION SHALL BE GROUNDS FOR DISMISSAL..

I AUTHORIZE INVESTIGATION OF ALL STATEMENTS CONTAINED HEREIN AND THE REFERENCES LISTED ABOVE TO GIVE YOU ANY AND ALL INFORMATION CONCERNING MY PREVIOUS EMPLOYMENT AND ANY PERTINENT INFORMATION THEY MAY HAVE, AND RELEASE ALL PARTIES FROM ALL LIABILITY FOR ANY DAMAGE THAT MAY RESULT FROM FURNISHING SAME TO YOU.

I UNDERSTAND AND AGREE THAT, IF HIRED, MY EMPLOYMENT IS FOR NO DEFINITE PERIOD AND MAY, REGARDLESS OF THE DATE OF PAYMENT OF MY WAGES AND SALARY, BE TERMINATED AT ANY TIME WITHOUT PRIOR NOTICE AND WITHOUT CAUSE.

DATE SIGNATURE _____

DO NOT WRITE BELOW THIS LINE

INTERVIEWED BY: DATE: _____

REMARKS: _____

NEATNESS _____ ABILITY _____

HIRED: Yes No POSITION _____ DEPT. _____

SALARY/WAGE _____ DATE REPORTING TO WORK _____

APPROVED: 1. _____ 2. _____ 3. _____
EMPLOYMENT MANAGER DEPT. HEAD GENERAL MANAGER

EXPERIENCE

Please indicate actual work experience you have in any of the following areas or positions:

Administration	Sales	Production	Other
<input type="checkbox"/> Office Manager <input type="checkbox"/> Bookkeeper <input type="checkbox"/> Accounts Receivable <input type="checkbox"/> Accounts Payable <input type="checkbox"/> Payroll Clerk <input type="checkbox"/> Warranty Clerk <input type="checkbox"/> Data Entry <input type="checkbox"/> Cashier <input type="checkbox"/> Job Costing <input type="checkbox"/> Receptionist <input type="checkbox"/> Insurance Claims <input type="checkbox"/> Word Processing <input type="checkbox"/> Computer Accounting <input type="checkbox"/> Financial Statements <input type="checkbox"/> Financial Analysis <input type="checkbox"/> Real Estate <input type="checkbox"/> Tax Returns	<input type="checkbox"/> Salesperson Retail <input type="checkbox"/> Salesperson Service <input type="checkbox"/> Salesperson Wholesale <input type="checkbox"/> Department Sales <input type="checkbox"/> Manager <input type="checkbox"/> Regional Sales Manager <input type="checkbox"/> Leasing Manager <input type="checkbox"/> Salesperson (New Car) <input type="checkbox"/> Salesperson (Old Car) <input type="checkbox"/> Phone Sales <input type="checkbox"/> Customer Service Representative	<input type="checkbox"/> Frame Technician <input type="checkbox"/> Universal Bench Systems <input type="checkbox"/> Dedicated Jig System <input type="checkbox"/> Body Technician <input type="checkbox"/> Mig Welding <input type="checkbox"/> Oxy/Acetylene Welding <input type="checkbox"/> Mechanic <input type="checkbox"/> Suspension & Steering <input type="checkbox"/> Wheel Alignment <input type="checkbox"/> Plastic Repair <input type="checkbox"/> Cooling Systems <input type="checkbox"/> Air Conditioning <input type="checkbox"/> ABS Brakes <input type="checkbox"/> Air Bag Systems <input type="checkbox"/> Exhaust Systems <input type="checkbox"/> Automotive Electrical <input type="checkbox"/> Apprentice/Helper <input type="checkbox"/> Color Matching <input type="checkbox"/> Computerized Pain Mixing <input type="checkbox"/> Paint Preparation <input type="checkbox"/> Refinish Technician <input type="checkbox"/> Machine Polishing <input type="checkbox"/> Detailer <input type="checkbox"/> Maintenance <input type="checkbox"/> Glass Installation	<input type="checkbox"/> Shop Manager <input type="checkbox"/> Service Manager <input type="checkbox"/> Service Writer/Advisor <input type="checkbox"/> Estimator <input type="checkbox"/> Insurance Adjuster <input type="checkbox"/> Insurance Appraiser <input type="checkbox"/> Shop Foreman <input type="checkbox"/> Production Manager <input type="checkbox"/> Department Manager <input type="checkbox"/> Parts Manager <input type="checkbox"/> Parts Counter Person <input type="checkbox"/> Inventory Control <input type="checkbox"/> Purchasing Agent <input type="checkbox"/> Advertising/Marketing

Remarks and Special Qualifications: (Please include any computer systems and programs with which you are familiar)

I hereby state that all the information that I provided on this application is true and correct.

Signature of Applicant

Date