

TENTS & EVENTS, 955 East Main St, Annville, PA
(717)867-7560

EMPLOYMENT APPLICATION

We are an Equal Opportunity Employer. All applications are considered without regard to race, religion, disability, gender, national origin, age (for those age 40 or older) or any other basis protected by federal, state, or local law. This employment applications is only active for 30 days. After this time period, a separate employment application must be submitted in order to be considered for employment.

PERSONAL DATA:

PLEASE PRINT CLEARLY

DATE: _____

First Name _____	Middle _____	Last _____
Street Address _____	Social Security No. _____	
City/State/Zip _____	Phone(____) _____	
How did you find out about this job? <input type="checkbox"/> Newspaper <input type="checkbox"/> Referral <input type="checkbox"/> Other _____		
If hired, do you have a reliable means of transportation to get to work? <input type="checkbox"/> Yes <input type="checkbox"/> No What is it? _____		
Minimum salary expected? _____ Are you at least 18 years old? _____		
If the job you are applying for requires driving: Driver's License No. _____ State Issued _____ Expiration Date _____		
Are you legally eligible for employment in the U.S.? <input type="checkbox"/> Yes <input type="checkbox"/> No(Proof of U.S. Citizenship or immigration status will be required if hired)		
Have you been convicted of a crime? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, state the nature of the offense and disposition of the case. Include dates and places. (NOTE: The existence of a criminal record does not constitute an automatic bar to employment.)		

EMPLOYMENT DATA:

Are you seeking : <input type="checkbox"/> Temporary <input type="checkbox"/> Full-Time <input type="checkbox"/> Part-time What position(s) are you applying for? _____
What hours would you prefer to work? _____
What hours would you prefer not to work? _____
Are you willing to work overtime? <input type="checkbox"/> Yes <input type="checkbox"/> No Weekends? <input type="checkbox"/> Yes <input type="checkbox"/> No Holidays? <input type="checkbox"/> Yes <input type="checkbox"/> No
Are you currently employed? <input type="checkbox"/> Yes <input type="checkbox"/> No If hired, when would you be able to start? _____
Have you ever worked for this organization before? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, name used? _____
List any friends or relatives employed by this company: _____
Are you on layoff and subject to recall? <input type="checkbox"/> Yes <input type="checkbox"/> No
Have you ever been discharged or asked to resign from any position? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please describe: _____
How many days have you missed from school or work within the last year other than approved vacation, sick, or disability leave? _____
How many days have you been late to school or work within the last year other than approved vacation, sick or disability leave? _____ Please describe: _____

EDUCATION: (Circle highest level)

Elementary: 1 2 3 4 5 6 7 8	Secondary: 9 10 11 12 G.E.D.	College: 1 2 3 4 5 6 7 8
Name of School: _____	Name of School: _____	Name of School: _____
Location of School: _____	Location of School: _____	Location of School: _____
If currently in high school, are you enrolled in a recognized co-op program? <input type="checkbox"/> Yes <input type="checkbox"/> No Degree and Major _____		
If yes, identify program and school: _____ Minor: _____		

MILITARY SERVICE:

Are you a veteran? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, give dates of service: From: _____ To: _____ List any special skills or training
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WORK HISTORY: (Please list your last four employers. Begin with the most recent.)

1. Company _____	Phone No. with Area Code () _____
Address _____	City/ State/ Zip _____
Dates of Employment: From _____ To _____	Salary: Beginning _____ Ending _____
Job Title _____	Supervisor's Name & Title _____
Describe duties briefly: _____	
Specific reason for leaving: _____	
2. Company _____	Phone No. with Area Code () _____
Address _____	City/ State/ Zip _____
Dates of Employment: From _____ To _____	Salary: Beginning _____ Ending _____
Job Title _____	Supervisor's Name & Title _____
Describe duties briefly: _____	
Specific reason for leaving: _____	
3. Company _____	Phone No. with Area Code () _____
Address _____	City/ State/ Zip _____
Dates of Employment: From _____ To _____	Salary: Beginning _____ Ending _____
Job Title _____	Supervisor's Name & Title _____
Describe duties briefly: _____	
Specific reason for leaving: _____	
4. Company _____	Phone No. with Area Code () _____
Address _____	City/ State/ Zip _____
Dates of Employment: From _____ To _____	Salary: Beginning _____ Ending _____
Job Title _____	Supervisor's Name & Title _____
Describe duties briefly: _____	
Specific reason for leaving: _____	
May we contact all of the employer listed above? <input type="checkbox"/> Yes <input type="checkbox"/> No If not, tell which one(s) you do not wish us to contact and why. _____	
How many jobs have you had in the last five years not listed above? _____	
Why are you seeking a new position at this time? _____	
List any business-related outside interests and organizations you're active in: _____	

PLEASE READ THE FOLLOWING CAREFULLY, THEN SIGN AND DATE THE APPLICATION.

I authorize this company to make an investigation of all information contained in this employment application and I release from liability all companies and corporations supplying such information. I understand any false answers, statements or implications made by me on this application or other required documents shall be considered sufficient cause for denial of employment or discharge. I specifically authorize and direct my current and former employers to supply employment-related information to this company and do hereby release my current and former employers from liability for providing information to this company. Upon termination of my employment for whatever reason, I release this company from all liability for supplying any information concerning my employment to any potential employer. I authorize this company, if applicable, to request a copy of my credit report, motor vehicle driving record, and any other investigative report deemed necessary through various third-party sources. As required by law, upon request within a reasonable period of time, I will be notified as to the nature and scope of such investigations. I hereby agree to submit to any drug test required, whether prior to my employment or if employed by this company at any time thereafter. If requested, I will take a post-job offer physical examination and my employment, in the event I receive medical treatment for any condition, including physical, psychological, emotional, or psychiatric, that is job-related. I hereby authorize the limited release and exchange of such medical information relating to my condition between the treatment provider and a company-designated physician. **I further understand this is an application for employment and no employment contract is being offered. I understand that if I am employed, such employment is for an indefinite period of time and the company may change wages, benefits, and conditions at any time. My employment is at will. No individual with the company is authorized to change the employment-at-will status except an officer of the company, who may do so only in writing.** I have read and agree to the above.

Applicant's Signature _____ Date _____
Check over the foregoing application, making sure it is complete and signed.