

APPLICATION FOR EMPLOYMENT

(please print)

Date:	_				
Name:		Email ac	ddress:		
Last	First	M.I.			
Address:					
Street		City		State	Zip
Home phone no.: ()		Cell phone no.: ()		
Position:	Date you can start:			Salary d	esired:
Are you employed now?	If so, may we conta	act your present employe	r?		
Are you currently on "lay-off" status a	nd subject to recall?				
How did you hear about us?					

FORMER EMPLOYERS (OPTIONAL IF INCLUDED IN RESUMÉ)

Dates Employed				
(month & year)	Name and Address of Employer	Salary	Position	Reason for Leaving
From:				
To:				
From:				
To:				
From:				
То:				

Special skills and qualifications:

REFERENCES (OPTIONAL IF INCLUDED IN RESUMÉ)

Name	Address	Telephone No.
1.		
2.		
3.		

"I certify that the facts contained in this application are true and complete to the best of my knowledge."

Signature

Date

THIS IS A DRUG AND ALCOHOL FREE WORKPLACE. ALL APPLICANTS AND EMPLOYEES ARE SUBJECT TO SUBSTANCE ABUSE TESTING AS A CONDITION OF HIRING AND CONTINUED EMPLOYMENT.

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