

3808 Easton-Nazareth Highway  
Easton, PA 18045

1070 Congdon Avenue  
Stroudsburg, PA 18360



The Employer is an equal opportunity employer and does not discriminate on the basis of race, color, religion, sex, national origin, age, ancestry, disability or any other applicable legally protected status, in any employment practice, including without limitation, recruitment and hiring. All applicants are required to fully complete this Application, date and sign it. Please inform Manager if immediately upon receiving this application if, as a result of a disability, you will need a reasonable accommodation to complete this Application.

## APPLICATION FOR EMPLOYMENT

(PLEASE PRINT)

Name \_\_\_\_\_  
Last First Middle

Present Address \_\_\_\_\_  
No. Street City State Zip

Phone Number \_\_\_\_\_

Position(s) applied for \_\_\_\_\_

Were you previously employed by us? \_\_\_\_\_ If yes, when? \_\_\_\_\_ If your application is considered favorably, on what date will you be available for work? \_\_\_\_\_ 20\_\_

Are you legally eligible for employment in the U.S.A.? \_\_\_\_\_

Are you above or below the age of 18? \_\_\_ age 18 or above \_\_\_ below

Are you able to perform the essential functions of the job for which you are applying with or without reasonable accommodation? (Please review attached job description)

Yes       No

Were you ever discharged or asked to resign by any previous employer?  Yes       No

If yes, please provide the name of the employer(s), the date(s) and circumstances involved:

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Have you ever been convicted of a criminal offense in the nature of a felony or misdemeanor?

Yes    No

If yes, please indicate the date, location and nature of the conviction:

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(Conviction will not necessarily disqualify an applicant from employment and will be considered only to the extent that it relates to an applicant's suitability for the position sought).

Do you have a valid driver's license?    Yes       No

What is your weekly availability?

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## Education

Circle last year completed:

Elementary School	5	6	7	8
High School	9	10	11	12
College	1	2	3	4

Describe any other training or education:

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# Employment History

List below present and past employment, beginning with your most recent

Business Name \_\_\_\_\_  
Business Phone Number \_\_\_\_\_ Name of Supervisor \_\_\_\_\_  
Start Date \_\_\_\_\_ End Date \_\_\_\_\_ Weekly Starting Salary \_\_\_\_\_ Weekly Last Salary \_\_\_\_\_  
Reason for Leaving \_\_\_\_\_  
Describe the Work you did \_\_\_\_\_  
\_\_\_\_\_

Business Name \_\_\_\_\_  
Business Phone Number \_\_\_\_\_ Name of Supervisor \_\_\_\_\_  
Start Date \_\_\_\_\_ End Date \_\_\_\_\_ Weekly Starting Salary \_\_\_\_\_ Weekly Last Salary \_\_\_\_\_  
Reason for Leaving \_\_\_\_\_  
Describe the Work you did \_\_\_\_\_  
\_\_\_\_\_

Business Name \_\_\_\_\_  
Business Phone Number \_\_\_\_\_ Name of Supervisor \_\_\_\_\_  
Start Date \_\_\_\_\_ End Date \_\_\_\_\_ Weekly Starting Salary \_\_\_\_\_ Weekly Last Salary \_\_\_\_\_  
Reason for Leaving \_\_\_\_\_  
Describe the Work you did \_\_\_\_\_  
\_\_\_\_\_

Summarize any skills, experience, or special training you have which you believe may be beneficial in the job for which you are applying. Please do not list any information which would reveal your membership in any protected classification, examples of which are set forth in the Equal Employment Opportunity Policy Statement above.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

# ACKNOWLEDGMENTS, AUTHORIZATION AND RELEASE

Please Read Carefully

All of the information I have provided on this application and in connection with the application is correct and true. I understand that any false, misleading or incomplete answer or statements or implications made by me in connection with this application or other required documents, or the failure to disclose any relevant information, shall result in the denial of employment or termination. I further understand that nothing contained in this application or in the granting of an interview is intended to create a contract of employment, a contract for the providing of any benefit or to obligate the Employer in any way. If an employment relationship is established, I understand that I will have the right to terminate my employment with or without cause, for any reason at any time, and that the Employer retains a similar right. No promises, statements or representation to the contrary have been made to me, and I understand that no such promises, statements or representations are binding on the Employer.

I hereby grant the Employer permission to investigate my personal, criminal, educational and employment history and to contact persons, organizations, institutions or government agencies who may have knowledge of me. In consideration of my receipt of this application and being considered for employment, and intending to be legally bound, I hereby release the Employer, its directors, officers, principals, employees and agents from any and all liability, real or potential, for seeking such information and all other persons, corporations or organizations for furnishing such information to the Employer.

I understand that if I receive an offer of employment, I may be required, along with other incoming employees in the same job category, to undergo a medical examination by a doctor selected by the Employer before my employment begins, to which I hereby assent. As part of this examination, I agree to complete a health evaluation form. I understand that if the examination discloses that I have a disability, my offer of employment will not be withdrawn because of that disability, provided that, with reasonable accommodation, I will be able to perform all of the essential functions of the job for which I have received a conditional offer of employment. I understand that any information obtained regarding my medical condition or history will be collected and maintained on separate forms and in separate medical files and will be treated as a confidential medical record in accordance with applicable law.

Finally, I understand that if I am offered employment, I will be required to complete the applicable section of the 1-9 form and provide the Employer with specific documents to establish my identity and employment eligibility.

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Signature of Applicant

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Date

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Email Address