



APPLICATION FOR EMPLOYMENT

AN EQUAL OPPORTUNITY EMPLOYER

PERSONAL INFORMATION

Last Name	First Name	Middle	
Address	City	State	Zip
Phone	Day Phone (if Different)	Social Security Number	
Fax Number	E-Mail Address		

EMPLOYMENT INFORMATION

Position applied for _____ Salary desired _____

Date available for work _____ Have you worked for us before? _____

Do you want to work full-time? _____ part-time? _____ Specify hours if part-time _____

Are you employed at the present time? _____ If yes, please complete the information below

Employer's Name: _____

Employer's Address: _____

How long have you been with this employer? _____ Present Salary: _____

If hired can you show proof of your legal right to work in the U.S.? Yes _____ No _____

Have you ever been convicted of a crime, excluding misdemeanors and summary offenses? Yes _____ No _____

If yes, please explain: _____

EDUCATIONAL BACKGROUND

	Name & Location	Years Attended	Did You Graduate?	Major Subjects
High School				
College				
Post Graduate/ Business or Trade				

EMPLOYMENT EXPERIENCE (List most recent experience first)

From	To	Name & Address of Employer	Position	Salary	Supervisor	Reason for Leaving

May we contact the employers listed above? ____ If not, indicate below which one(s) you do not wish to contact.

REFERENCES

Name	Address	Telephone No. with Area Code

PLEASE INDICATE REFERRAL SOURCE

<i>Ad - Name publication</i>		School Name	
Employee Name		Agency Name	
Other			

PLEASE READ CAREFULLY

I hereby affirm that my answers to the foregoing questions are true and correct and that I have not withheld any fact or circumstance which would, if discovered, affect my application unfavorably. I understand misrepresentation or omission of fact made in this application or any other Company records may be sufficient cause for cancellation of this application and/or for separation from the Company's service if I am employed. I authorize Pennfield Corporation to verify any and all information contained in this application. I hereby release all individuals, employers, physicians and institutions from any and all liability in connection with their responses to Company inquiries seeking to verify the information I have provided on this employment application form. I further agree to execute any required releases and to otherwise assist the Company in connection with verification of the information that I have provided in this application form. I agree, in the event of my employment, to comply with and abide by all Company work rules, regulations and safety policies as a condition of my employment.

Signature of Applicant _____ Date _____

UNDERSTANDING OF EMPLOYMENT

I understand that nothing in this employment application, in the Company's statement or personnel guidelines, or in my communications with any Company official is intended to create an employment contract between the Company and me. I also understand that the Company has the right to modify its policies without giving me any notice of the change(s). No promises regarding employment have been made to me, and I understand that no such promise or guarantee is binding upon the Company unless it is made in writing and signed by a Company officer. I understand that if an employment relationship is established, I have a right to terminate my employment at any time. I also understand that the Company retains the right to terminate my employment at any time.

Signature of Applicant _____ Date _____