

Employment Application

Supports, Inc.

21635 Star Rte, Meadville, PA 16335

Position applying for: _____

EMPLOYEE INFORMATION

Name: _____ Date: _____

Address: _____ Social Security Number: _____

Email Address: _____ Seeking: Full Time

Phone Numbers: _____ Part Time

Availability: Days Nights Week Days Saturday Sunday
 Overtime Notes: _____

Is there anything that would prevent regular work attendance? _____

Where did you hear about this opening? _____

BONA FIDE OCCUPATIONAL QUALIFICATIONS

Are you 18 years of age or older? Yes No

If this job requires lifting, do you have any physical problems that may interfere? Yes No

Do you have current Criminal History and Child Abuse clearances? Yes No

Do you have a Pennsylvania driver's license and a dependable vehicle? Yes No

Are you willing to get a physical exam including Mantoux testing at our expense? Yes No

Do you have a cell phone or other mobile communication device? Yes No

Are you a resident of Pennsylvania? Yes No

Have you been a resident of Pennsylvania for the past 2 years? Yes No

EDUCATION

High School Attended: _____ Diploma? Yes No

College & Major: _____ Degree? Yes No

Other Schools Attended: _____

Other Classes Taken: _____

Please describe any other training or experiences you've had that might apply to this job:



WORK HISTORY

Please list most recent job first.

Employer: _____ Dates: From _____ To _____

Address: _____ Job Title: _____

Supervisor's Name: _____ Telephone: _____

What work did you perform? _____

Why did you leave? _____



Employer: _____ Dates: From _____ To _____

Address: _____ Job Title: _____

Supervisor's Name: _____ Telephone: _____

What work did you perform? _____

Why did you leave? _____



Employer: _____ Dates: From _____ To _____

Address: _____ Job Title: _____

Supervisor's Name: _____ Telephone: _____

CONFIDENTIAL

What work did you perform? _____

Why did you leave? _____

WORK-RELATED REFERENCES

Name: _____ Telephone Number: _____

Address: _____ Position: _____

Years Known: _____

Name: _____ Telephone Number: _____

Address: _____ Position: _____

Years Known: _____

Name: _____ Telephone Number: _____

Address: _____ Position: _____

Years Known: _____

AUTHORIZATION AND ACKNOWLEDGEMENTS

I affirm that the information I have provided in this application is true to the best of my knowledge, information, and belief, and I have not knowingly withheld any information requested. I understand that withholding or misstating any information requested in this application is grounds for rejection of my application and that providing false information is grounds for discharge.

I authorize Supports, Inc. to verify my references, record of employment, education record, and any other information I have provided. Unless otherwise noted, I authorize the references I have listed to disclose any information related to my work record and my professional experiences with them, without giving me prior notice of such disclosure. In addition, I release Supports, Inc., my former employers and all other persons and entities from any and all claims, demands or liabilities arising out of or in any way related to such inquiry or disclosure.

Candidate's Signature: _____ Date: _____