

227 West 22nd Street Erie, PA 16502-2689

P: 814-878-2600 F: 814-878-2607

AN EQUAL OPPORTUNITY EMPLOYER: We do not discriminate in hiring, or any other employment decision on the basis of race, color, sex, citizenship, national origin, ancestry, age of physical or mental disability unrelated to ability to perform essential job duties.

POSITION APPL	IED FOR:				DATE:	
NAME:						
	LAST FIRS		RST	T M		
OTHER NAMES	RECORDS MAY BI	E UNDER:				
ADDRESS:		CITY				
	STREET	CITY		STATE	ZIP	
TELEPHONE:					ALTERNATE	
	HOME	e before list dates a	CELL		ALTERNATE	
U.S. Citizen? _	If not, a	re you a permanent	t resident of the			
States or Immi	gration and Natu	ralization Service? _				
ON WHAT DAT	E ARE YOU AVAIL	ABLE TO WORK? _				
Full-time	Part-time	Hours Avail _		Desired rate of pay		у
EDUCATION AN			Course/Ma	jor		Degree
U.S. Military Se	ervice:					
Branch:		Date of Entry ar	Date of Entry and Separation:		Skills Acquired:	
Other Skills:						
PROFESSIONAL	. AND TECHNICAL	APPLICANTS ONLY	,			
License # Type of Licen					Expira	ntion Date

Employment History: Begin With Most Recent; Attach resume or additional paper if necessary.

From: Mo/Yr:			Job Duties:			
To: Mo/Yr:	Address:					
Salary: Start	Address.					
End	City: State:	Zip				
		51.0	Reason for Leaving:			
From: Mo //r:	Contact:		Job Duties:			
From: Mo/Yr: To: Mo/Yr:	Name:		Job Duties.			
	Address:					
Salary: Start						
End	City: State:	Zip				
	Contact:	Dh#	Reason for Leaving:			
From: Mo/Yr:	Contact:Name:		Job Duties:			
To: Mo/Yr:						
	Address:					
Salary: Start						
End	City: State:	Zıp	Reason for Leaving:			
	Contact:	Ph#	Reason for Leaving.			
Please Read Carefully:						
I hereby certify that the forg	going answers and informati	on are true and co	orrect. I authorize investigation of all statem	nents contained		
			nces, schools that I have attended, and form			
			vant to my employment. I understand that wis intended to create an employment agr	_		
	ment have been made to me					
Lalso authorize the employe	er to obtain an investigative	consumer report	if necessary, that may contain information	regarding my		
	_	•	. This authorization, in original and copy for			
		=	r understand that, upon written request wi	thin a		
reasonable amount of time,	, I am entitled to disclosure o	of the nature and s	scope of the investigation requested.			
I understand that an offer o	f employment is contingent	upon satisfactory	completion of reference checks. I also unde	erstand that if		
		cing work I will be	required to take and pass a medical exami	nation which		
may include a a drug and al	conoi test.					
			facts called for in this application or contain	•		
		_	e that if I am employed, my employment is e, stated reason or cause, and I accept thes			
	oyed I will abide by all the er	•		c contaminons, i		
Applicant Signature:			Date:			