

Honey Brook Borough

Employment Application

If you need help filling out this application form or for any phase of the employment process, notify the person that gave you this form and every reasonable effort will be made to accommodate your needs in a reasonable amount of time. PLEASE PRINT CLEARLY

Position applying for: _____ Date _____

Name _____ Social Security # _____

Current Address _____ Home Phone _____

_____ Work Phone _____

Salary Desired: _____ E-mail _____

Referral source (if referred by someone, list who) _____

When can you start? _____ What category would you prefer? ☐ Full-time ☐ Part-time

Which schedules are you available? ☐ Weekdays ☐ Weekends ☐ Evenings ☐ Nights ☐ Overtime

☐ Yes ☐ No Were you previously employed by this organization? If Yes, when _____

☐ Yes ☐ No If the job requires, do you have the appropriate valid drivers license?

☐ Yes ☐ No Are you eligible for employment in the United States?

☐ Yes ☐ No Do you have any relatives that currently work for the company? If yes, relative's name & position

☐ Yes ☐ No Have you used any names or Social Security Numbers other than given above? If so, please list

List states and counties of each state of residence for the past seven years.

☐ Yes ☐ No Have you been convicted, pled "guilty" or "no contest" to a crime? If yes, please describe

(Answering "Yes" to this question will not necessarily be a bar to employment. Factors such as time, job relatedness, and other relevant factors will be considered.)

High School	City/State	Did you graduate? <input type="checkbox"/> Yes <input type="checkbox"/> No	
College/Trade School	City/State	Degree Obtained	Graduating Year
List special skills or qualifications			

List your work experience for the past 10 years beginning with the most recent. Explain gaps of time that are 6 months or more.

Are you currently working for this employer? ☐ Yes ☐ No If yes, may we contact? ☐ Yes ☐ No

Start Date (mm/yy)	End Date (mm/yy)	Company Name	City/State
Salary		Supervisor Name	Phone:
Starting Job Title		Final Job Title	Fax:
Most recent duties			Reason for Leaving

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Salary		Supervisor Name	Phone:
Starting Job Title		Final Job Title	Fax:
Most recent duties			Reason for Leaving

- I certify that the information provided by me in this application is true, correct and complete to the best of my knowledge. I understand that if employed, any falsification, misstatement or omission of fact in connection with my application, whether on this document or not, may result in immediate termination of my employment.
- I authorize you to verify any and all information listed above, including personal references, employment history, and educational history. I release all parties from all liability from any damage that may result from furnishing the requested information to you.
- I acknowledge that additional testing of job-related skills may be required prior to employment.
- I acknowledge that testing for the presence of drugs in my body may be required prior to employment.
- I acknowledge that after a conditional offer of employment, and prior to reporting to work, I may be required to submit to a medical review.
- I acknowledge that I may be required to agree to the company's Confidentiality Agreement as a condition of my employment.
- I acknowledge that if I am employed, I will be employed "at-will", which means that I may terminate my employment at any time, with or without reason, and without prior notice, and that the employer reserves the same right to terminate employment at any time, with or without cause or prior notice, except as may be required by law. I understand that no supervisor, representative, or agent of the employer is authorized to make any contrary agreement, without a written and signed agreement from the employer's president.

Signature _____

Date _____