



APPLICATION FOR EMPLOYMENT

We consider applicants for all positions without regard to color, religion, creed, gender, national origin, age, disability, marital status or veteran status, sexual orientation, or any other status protected by law. We are an Equal Opportunity Employer.

Please Print

Name - Last	First	Middle	Maiden	
Address - Street Number		City	State	Zip Code
Telephone Number -		Alternate Number -		
How did you learn about us?				
____ Newspaper		____ Employment Agency		____ Friend
____ Relative		____ Relative		____ Walk-in
____ Other: _____				

Are you over 18 years of age? Yes _____ No _____

If **NO**, a work permit will be required.

Are you legally eligible for permanent employment in the United States?

Yes _____ No _____ (If hired, verification will be required).

Have you ever filed an application with us before? Yes _____ No _____

If **Yes**, give date _____

Have you ever been employed with us before? Yes _____ No _____

If **Yes**, give date _____

Are you currently employed? Yes _____ No _____

May we contact your present employer? Yes _____ No _____

Have you lived in Pennsylvania for the last two (2) years? Yes_____ No_____

On what date would you be available for work? _____

Are you available to work: Full-time_____ Part-time_____

Are you willing to work all 3 shifts? Yes_____ No_____

If No, give reason_____

Have you ever been bonded in prior employment? Yes_____ No_____

If Yes, list name of employer(s):_____

Have you ever been convicted of a crime (excluding misdemeanors and traffic offenses)? Yes_____ No_____

If Yes, list convictions: (A conviction does not necessarily disqualify an applicant for the position being applied for)._____

EDUCATION

Name and Address of School	Course of Study	Years Completed	Did you Graduate?
Elementary			
High School			
College			
Other			
Describe any job-related training received in the United States military.			
Summarize special job-related skills and qualifications acquired from employment or other experience.			

State any additional information you feel may be helpful to us in considering your application.

EMPLOYMENT EXPERIENCE (Start with most recent employer)

Employer:	Telephone:	From: To:
Address:	City, State, Zip	Position:
Duties:		Supervisor's Name:
		Starting Salary:
Reason for leaving:		Final Salary:
Employer:	Telephone:	From: To:
Address:	City, State, Zip	Position:
Duties:		Supervisor's Name:
		Starting Salary:
Reason for leaving:		Final Salary:

EMPLOYMENT EXPERIENCE - CONTINUED		
Employer:	Telephone:	From: To:
Address:	City, State, Zip	Position:
Duties:	Supervisor's Name:	
Reason for leaving:	Starting Salary:	
	Final Salary:	
Employer:	Telephone:	From: To:
Address:	City, State, Zip	Position:
Duties:	Supervisor's Name:	
	Starting Salary:	
Reason for leaving:	Final Salary:	

REFERENCES

Name	Address	Years Known	Telephone
1.			
2.			
3.			

APPLICANT'S STATEMENT

The information contained in this application is true to the best of my knowledge. In the event of employment, I understand that false or misleading information given in my application or interview(s) may result in discharge. I understand, also, that I am required to abide by all rules and regulations of the employer.

Hearthstone has my permission to obtain all necessary information from the references I have listed, or any sources, concerning my prior employment, or personal history.

Signature of Applicant: _____ Date: _____

DO NOT WRITE ON THIS SHEET-EMPLOYER USE ONLY

SUMMARY OF INTERVIEW: _____

Offer Employment?: Yes _____ No _____ Position: _____

Starting Rate: \$ _____ per hour Date of Hire: _____

Full-time: _____ (# of hrs.) Part-time: _____ (# of hrs.)

Interviewed by: _____ Date: _____

I HEREBY PROMISE AND AGREE TO HONOR ANY AND ALL REASONABLE REQUESTS OF HEARTHSTONE TO SIGN AND EXECUTE ANY DOCUMENTS, INCLUDING AUTHORIZATION AND RELEASES, AS MAY BE NECESSARY TO ALLOW HEARTHSTONE ACCESS TO DOCUMENTATION, DATE AND INFORMATION ABOUT MYSELF THAT MAY BE REQUIRED PRIOR TO OR DURING THE COURSE OF MY EMPLOYMENT BY HEARTHSTONE.

Signature of Applicant: _____ Date: _____

Signature of Witness: _____ Date: _____