



Employment Application

2121 REACH RD WILLIAMSPORT, PA 17701 (570) 323-9401 / 1-866-320-2580 www.ncsight.org

Applicants are considered for all positions without regard to race, color, religion, sex, national origin, age, marital or veteran status, or the presence of a non-job-related medical condition or disability.

PLEASE COMPLETE THE ENTIRE APPLICATION, EVEN IF YOU ARE INCLUDING YOUR RESUME.

PLEASE PRINT

Date of Application: _____

Position(s) Applied For: _____

Referral Source: (Please Check One)

- Advertisement
 Friend
 Relative
 Walk-In
 Employment Agency
 Other (Please Specify) _____

Name: _____

LAST
FIRST
MIDDLE

Address: _____

NUMBER
STREET NAME
CITY
STATE
ZIP CODE

Home Phone Number: _____ Mobile Phone Number: _____

Do you possess a valid Pennsylvania Driver's License? Yes No

If employed and you are under age 18, can you furnish a work permit?

Have you filed an application here before? Yes No If Yes, When? _____

Have you ever been employed by this Agency before? Yes No If Yes, When? _____

Are you employed now? Yes No May we contact your present employer? Yes No

Are you prevented from lawfully becoming employed in this country because of Visa or Immigration status? Yes No

Proof of Citizenship or Immigration Status will be required upon employment.

On what date would you be available for work? _____

Are you available to work: Full Time Part Time Shift Work Temporary

Are you on a lay-off and subject to recall? Yes No

Can you travel if the job requires it? Yes No

Have you been convicted of a felony? Yes No
(Conviction will not necessarily disqualify applicant from employment.)

If Yes, Please Explain: _____

AN EQUAL OPPORTUNITY EMPLOYER

Are you a veteran of the U.S. Armed Forces ___ Yes ___ No If Yes, which branch? _____

List professional, trade business, or civic activities, and/or offices held. You may exclude those which indicate race, color, religion, sex, or national origin.

References

Please provide the name, address, and telephone numbers of 3 references who are not related to you and are not former employers.

Name _____

Address _____

Telephone _____

How long have you known this person _____

Name _____

Address _____

Telephone _____

How long have you known this person _____

Name _____

Address _____

Telephone _____

How long have you known this person _____

Veterans & Persons with Disabilities

Special employment notice to Disabled Veterans, Vietnam Era Veterans, and Individuals with physical or mental disabilities.

Government contractors are subject to 38 USC2012 of the Vietnam Era Veterans Readjustment Act of 1974 which requires that they take affirmative action to employ and advance in employment qualified disabled veterans of the Vietnam Era, and Section 503 of the Rehabilitation Act of 1973, as amended, which requires government contractors to take affirmative action to employ and advance in employment qualified handicapped individuals

If you are a disabled veteran, or have a physical or mental handicap, you are invited to volunteer this information. The purpose is to provide information regarding proper placement and appropriate accommodations to enable you to perform the job to the best of your ability in a proper and safe manner. This information will be treated as confidential. Failure to provide this information will not jeopardize or adversely affect your consideration for employment.

If you wish to be identified, please sign below

___ Handicapped Individual

___ Vietnam Era Veteran

___ Disabled Veteran

Signed _____

Employment Experience

Start with your present or most recent job. Include military service assignments and volunteer activities.

Employer Name	State Date	End Date	Work Performed
Address			
Telephone Number	Start Rate	<input type="checkbox"/> Hourly <input type="checkbox"/> Weekly <input type="checkbox"/> Annually	Work Performed
Supervisor	End Rate	<input type="checkbox"/> Hourly <input type="checkbox"/> Weekly <input type="checkbox"/> Annually	
Reason for leaving			Work Performed

Employer Name	State Date	End Date	Work Performed
Address			
Telephone Number	Start Rate	<input type="checkbox"/> Hourly <input type="checkbox"/> Weekly <input type="checkbox"/> Annually	Work Performed
Supervisor	End Rate	<input type="checkbox"/> Hourly <input type="checkbox"/> Weekly <input type="checkbox"/> Annually	
Reason for leaving			Work Performed

Employer Name	State Date	End Date	Work Performed
Address			
Telephone Number	Start Rate	<input type="checkbox"/> Hourly <input type="checkbox"/> Weekly <input type="checkbox"/> Annually	Work Performed
Supervisor	End Rate	<input type="checkbox"/> Hourly <input type="checkbox"/> Weekly <input type="checkbox"/> Annually	
Reason for leaving			Work Performed

If you need additional space, please continue on a separate sheet of paper.

Special Skills and Qualifications

Summarize special skills and qualifications acquired from employment or other experiences.

Education

	High School	College/University	Graduate/Technical
School Name			
Years Completed (Please Check)	<input type="checkbox"/> 9 <input type="checkbox"/> 11 <input type="checkbox"/> 10 <input type="checkbox"/> 12	<input type="checkbox"/> 1 <input type="checkbox"/> 3 <input type="checkbox"/> 2 <input type="checkbox"/> 4	<input type="checkbox"/> 1 <input type="checkbox"/> 3 <input type="checkbox"/> 2 <input type="checkbox"/> 4
Diploma/Degree Earned (Please Check)	<input type="checkbox"/> GED <input type="checkbox"/> High School Diploma	<input type="checkbox"/> Certificate <input type="checkbox"/> Bachelor <input type="checkbox"/> Associate	<input type="checkbox"/> Masters <input type="checkbox"/> PhD <input type="checkbox"/> Doctorate
Describe Course of Study			
Describe Specialized Training, Apprenticeship, Skills and Extra Curricular Activities			

Honors Received:

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

APPLICANT'S STATEMENT

I certify that answers given herein are true and complete to the best of my knowledge. I authorize investigation of all statements contained in this application for employment as may be necessary in arriving at an employment decision. I understand that this application is not, and is not intended to be, a contract of employment. 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 Agency.

Signature of Applicant: _____ Date: _____