



## APPLICATION FOR EMPLOYMENT

We consider applicants for all positions without regard to race, color, religion, gender, national origin, age, disability, marital or veteran status, or any other legally protected status. We are an equal opportunity employer.

(Please Type or Print)

Position (s) Applied For:	Date Of Application:
How Did You Learn About us? (Advertisement, Friend, Inquiry, Employment Agency , Relative, Other) Please explain.	

Last Name:	First Name:	Middle Name:
Address:	Number:	Street: City: State: Zip Code:
Telephone Number (s):	Social Security Number:	

Best time to contact you at is: ____:____ <input type="checkbox"/> AM or <input type="checkbox"/> PM	
If you are under 18 years of age, can you provide required proof of your eligibility to work?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Have you ever filed an application with us before? If yes, give date: _____	<input type="checkbox"/> Yes <input type="checkbox"/> No
Have you ever been employed with us before? If yes, give date: _____	<input type="checkbox"/> Yes <input type="checkbox"/> No
Do any of your friends or relatives, work here? If Yes, state name and relationship _____	<input type="checkbox"/> Yes <input type="checkbox"/> No
Have you ever been convicted of a violent crime, or dismissed from employment due to abuse of clients or residents? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Date available for work ____/____/____	What is your desired salary range? _____
Are you available to work: Full Time <input type="checkbox"/> Part Time <input type="checkbox"/> Temporary <input type="checkbox"/>	
Are you currently on "lay off" status and subject to recall?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Can you travel if a job requires it? <input type="checkbox"/> Yes <input type="checkbox"/> No	



## Education

SCHOOL	Name and Address of School	Course of Study	Years Completed	Diploma Degree
High School/ GED				
Undergraduate College				
Graduate /Professional				
Other Specify				

## Work Experience

Start with you present job. Include any job-related military service assignment, and volunteer activities. You may exclude organizations which indicate race, color, religion, gender, national origin, disabilities, or other protected status.

Employer	Date Employed	Work Performance/ Duties
Job Title	Hourly Rate/Salary	
Address		
Telephone Number(s)		
Supervisor		
Reason For Leaving		
Employer	Date Employed	Work Performance/ Duties
Job Title	Hourly Rate/Salary	
Address		
Telephone Number(s)		
Supervisor		
Reason For Leaving		
Employer	Date Employed	Work Performance/ Duties
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Supervisor		
Reason For Leaving		
Employer	Date Employed	Work Performance/ Duties
Job Title	Hourly Rate/Salary	
Address		
Telephone Number(s)		
Supervisor		
Reason For Leaving		

Comments: Include explanation of any gaps in employment:

Describe any specialized training, apprenticeship, skills, extra-curricular activities, and licensing.



List professional, trade, business, or civic activities, and offices held.

You may exclude membership which would reveal gender, race, religion, national origin, age, ancestry, disability or protected status:

**Additional Information: Other Qualifications:** Summarize special job-related skills and qualifications acquired from employment or other experience. Also, include license, certificates, etc.

Specialized Skills (Skills/Equipment Operated)	Other (list)
_____ Computer Skills	_____ PowerPoint
_____ Word Processing	_____ General Construction
_____ Spreadsheet	_____ Maintenance
State any additional information you feel may be helpful to use in considering your application. _____ _____ _____ _____	

**Note to Applicants:**

DO NOT ANSWER THIS QUESTION UNLESS YOU HAVE BEEN INFORMED OF THE REQUIREMENTS OF THE JOB FOR WHICH YOU ARE APPLYING.

Are you capable of performing in a reasonable manner, with or without a reasonable accommodation, the activities involved in the job or occupation for which you have applies?

A review of the activities involved in such a job or occupation has been given.

\_\_\_\_\_ YES \_\_\_\_\_ NO

**PERSONAL/PROFESSIONAL REFERANCES:**

Name	Phone #	Best Time to Call	Occupation
1.			
2.			
3.			



EEO DATA COLLECTION FORM:

Instructions to Applicants

EMPLOYER: is an equal opportunity employer. As part of our efforts to ensure fair treatment of women, minorities, individuals with disabilities and veterans, we ask applicants to supply the following information.

However, you do NOT have to complete this form to be considered for employment. Any information volunteered will be kept confidential and will not be used to make hiring decisions.

Date: \_\_\_\_\_

Name: \_\_\_\_\_

Position Applied for: \_\_\_\_\_

Sex (check one)

<input type="checkbox"/>	<input type="checkbox"/>
MALE	FEMALE

RACE (check one)

Hispanic or Latino

White (Not Hispanic or Latino)

Black or African American (Not Hispanic or Latino)

Native Hawaiian or Other Pacific Islander (Not Hispanic or Latino)

Asian (Not Hispanic or Latino)

American Indian or Alaska Native (Not Hispanic or Latino)

Two or More Races (Not Hispanic or Latino)

Are You a Veteran? (Check one)

<input type="checkbox"/>	<input type="checkbox"/>
Yes	No



If you have a disability that requires accommodation to perform this position, please explain what accommodations would allow you to handle this job successfully:

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## APPLICANT STATEMENT

I CERTIFY THAT ANSWERS GIVEN HEREIN ARE TRUE AND COMPLETE. I AUTHORIZE INVESTIGATION OF ALL STATEMENTS CONTAINED IN THIS APPLICATION FOR EMPLOYMENT AS MAY BE NECESSARY IN ARRIVING AT AN EMPLOYMENT DECISION.

THIS APPLICATION FOR EMPLOYMENT SHALL REMAIN ACTIVE UNTIL THE POSITION FOR WHICH THE APPLICANT IS APPLYING FOR IS FILLED. ANY APPLICANT WISHING TO BE CONSIDERED FOR EMPLOYMENT BEYOND THIS TIME PERIOD SHOULD INQUIRE AS TO WHETHER OR NOT APPLICATIONS ARE BEING ACCEPTED AT THAT TIME.

### APPLICANT CONSENT:

PLEASE READ EACH OF THE FOLLOWING STATEMENTS AND PLACE YOUR INITIALS BY EACH ONE TO INDICATE THAT YOU UNDERSTAND AND AGREE TO THE TERMS STATED, THEN SIGN THIS FORM AT THE BOTTOM.

\_\_\_\_\_ I CERTIFY THAT ALL INFORMATION THAT I HAVE SUPPLIED ON THIS FORM IS CORRECT TO THE BEST OF MY KNOWLEDGE. I UNDERSTAND THAT OMISSIONS DELIBERATE MISINFORMATION WILL DISQUALIFY MY APPLICATION AND, IF HIRED, WOULD SERVE AS GROUNDS FOR DISMISSAL.

\_\_\_\_\_ I HEREBY UNDERSTAND AND ACKNOWLEDGE THAT, UNLESS OTHERWISE DEFINED BY APPLICABLE LAW, ANY EMPLOYMENT RELATIONSHIP WITH THIS ORGANIZATION IS OF AN "AT WILL" NATURE, WHICH MEANS THAT THE EMPLOYEE MAY RESIGN AT ANY TIME, AND THE EMPLOYER MAY DISCHARGE THE EMPLOYEE AT ANY TIME WITH OR WITHOUT CAUSE. IT IS FURTHER UNDERSTOOD THAT THIS "AT WILL" EMPLOYMENT RELATIONSHIP MAY NOT BE CHANGED BY ANY WRITTEN DOCUMENT OR BY CONDUCT UNLESS SUCH CHANGE IS SPECIFICALLY ACKNOWLEDGE IN WRITING BY AN AUTHORIZED EXECUTIVE OF THIS ORGANIZATION.

\_\_\_\_\_ 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.

**REPUBLIC FOOD ENTERPRISE CENTER IS AN EQUAL OPPORTUNITY PROVIDER AND EMPLOYER. WE WORK HARD TO PROVIDE QUALITY SERVICES TO THE COMMUNITY. WE ARE A MEMBER OF COMMUNITY ACTION PARTNERSHIP AND THE UNITED WAY OF SOUTHWESTERN PA.**

\_\_\_\_\_  
**SIGNATURE OF APPLICANT**

\_\_\_\_\_  
**DATE**