

YORK COLLEGE OF PENNSYLVANIA EMPLOYMENT APPLICATION

PERSONAL INFORMATION

Name _____ Date _____
Last First Middle

Address _____
Street City State Zip

Social Security Number _____ Phone Number _____

Position _____ Full-time _____ Part-time _____ Summer _____

Dates available for work _____ Minimum pay rate expected \$ _____

If not a U.S. Citizen, can you, after employment, submit verification of your legal right to work permanently in the U.S.? Yes No

Have you ever been convicted of a felony or misdemeanor? Yes No **IF YES**, please state the nature of the conviction.

Do you have a valid driver's license in this state? Yes No If yes, license number: _____

EDUCATION AND TRAINING

High School Name _____ Address _____ Graduated Yes No

College or University Name _____ Address _____ Major _____ Degree/Year _____

College or University Name _____ Address _____ Major _____ Degree/Year _____

Trade School Name _____ Address _____ Subjects _____ Completed Yes No

Year: _____

Apprentice School Name _____ Address _____ Subjects _____ Completed Yes No

Year: _____

List any other education, training, special skills, or certificates that you possess that relate to the job for which you are applying:

List any machines or equipment that you are qualified and experienced at operating:

List any languages that you fluently:

Speak

Read

Write

REFERENCES

List three references, not related to you, which you have known for at least three years.

1. Name _____ Title _____

Business _____ Phone No. _____ Years Known _____

2. Name _____ Title _____

Business _____ Phone No. _____ Years Known _____

3. Name _____ Title _____

Business _____ Phone No. _____ Years Known _____

(continued – reverse side)

EXPERIENCE

List the last 10 years of work experience, beginning with the most recent.

Name of Employer	Type of Business			
Address	City	State	Zip	Phone
Dates Employed		Position/Title		
From	To			
Name of Supervisor		Reason for Leaving		
Brief description of duties				
Name of Employer				
Type of Business				
Address				
City				
State				
Zip				
Phone				
Dates Employed				
Position/Title				
From				
To				
Name of Supervisor				
Reason for Leaving				
Brief description of duties				
Name of Employer				
Type of Business				
Address				
City				
State				
Zip				
Phone				
Dates Employed				
Position/Title				
From				
To				
Name of Supervisor				
Reason for Leaving				
Brief description of duties				

COMMENTS

List any comments or qualifying statements you care to make.

In case of emergency, contact: (Name) _____ (Phone) _____

APPLICANT'S CERTIFICATION

Please read carefully before signing. If you have any questions regarding this application, please ask for assistance.

All offers of employment are conditional upon confirmation of background information and academic qualifications, including verification of work eligibility and criminal history review.

I certify that, to the best of my knowledge, the answers given by me in this application are correct and complete. I understand that any false information contained in this application may result in not being considered for employment or possible discharge.

I authorize York College of Pennsylvania to communicate with all my former employers, school officials and persons named as references. I hereby release all employers, school officials and references from any liability for any damage resulting from giving such information.

Signature _____ Date _____

York College of Pennsylvania is an equal opportunity employer.