

# APPLICATION FOR EMPLOYMENT Applying to: circle location(s)



100 West College Ave.  
State College, PA 16801  
(814) 237-4350

## PERSONAL INFORMATION

NAME \_\_\_\_\_ Social Security No \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

PRESENT ADDRESS \_\_\_\_\_  
Street city state zip

PERMANENT ADDRESS \_\_\_\_\_

LOCAL PHONE \_\_\_\_\_ CELL PHONE \_\_\_\_\_ HOME PHONE \_\_\_\_\_

DATE OF BIRTH (OPTIONAL)\* \_\_\_\_\_ TODAY'S DATE \_\_\_\_\_

EMAIL ADDRESS( print clearly) \_\_\_\_\_

## EMPLOYMENT

\_\_\_\_\_ Part-time Full-time Start Date? \_\_\_\_\_  
POSITION DESIRED

Have you ever applied to this company before? Y N If yes, date? \_\_\_\_\_  
Have you ever been previously employed by us? Y N If yes, date? \_\_\_\_\_

List name(s) of friends that work here \_\_\_\_\_

Do you have computer experience? Y N  
Do you have first aid certification? Y N  
Have you ever been convicted of a crime? \*\* Y N

If yes, list convictions \_\_\_\_\_

Did any company ever discharge you? Y N If yes, list Co. \_\_\_\_\_

The job for which you are applying may require you to work weekends, holidays, and semester-breaks.

Are you willing to work such a varied time schedule? Y N

How long do you intend to be in this area? \_\_\_\_\_

Any physical condition(s) which may limit your ability to perform essential job skills:  
\_\_\_\_\_

HOURS AVAILABLE		List day availability with specific times:						
Day	Sun	Mon	Tue	Wed	Thur	Fri	Sat	
From								
To								

\*Pennsylvania Law requires that an employee must be 18 years of age in order to serve alcoholic beverages.

\*\*Conviction of a crime does not necessarily bar you from employment with our company.

## EDUCATION

High School \_\_\_\_\_ Graduated Y N  
Major/Degree \_\_\_\_\_  
College \_\_\_\_\_ Graduated Y N  
Major/Degree \_\_\_\_\_  
Other \_\_\_\_\_ Graduated Y N  
Major/Degree \_\_\_\_\_  
Currently enrolled? Y or N If yes, Full-time (or) Part-time .

## EMPLOYMENT HISTORY (INCLUDE MILITARY EXPERIENCE)

Company Name \_\_\_\_\_ Job Title \_\_\_\_\_  
Address (city, state, zip) \_\_\_\_\_  
Phone number \_\_\_\_\_ Supervisor's Name \_\_\_\_\_  
Last pay rate \_\_\_\_\_ Dates employed \_\_\_\_\_  
Reason for leaving \_\_\_\_\_

Company Name \_\_\_\_\_ Job Title \_\_\_\_\_  
Address (city, state, zip) \_\_\_\_\_  
Phone number \_\_\_\_\_ Supervisor's Name \_\_\_\_\_  
Last pay rate \_\_\_\_\_ Dates employed \_\_\_\_\_  
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Company Name \_\_\_\_\_ Job Title \_\_\_\_\_  
Address (city, state, zip) \_\_\_\_\_  
Phone number \_\_\_\_\_ Supervisor's Name \_\_\_\_\_  
Last pay rate \_\_\_\_\_ Dates employed \_\_\_\_\_  
Reason for leaving \_\_\_\_\_

## PERSONAL REFERENCES (Known at least one year-no relatives please)

Name \_\_\_\_\_ Address \_\_\_\_\_ Telephone \_\_\_\_\_

OPTIONAL INFORMATION YOU MAY CHOOSE TO COMPLETE. THIS CATEGORY IS NOT MANDATORY AND WILL NOT AFFECT YOUR ELIGIBILITY FOR EMPLOYMENT.

Place Of Birth \_\_\_\_\_ Height \_\_\_\_\_ Weight \_\_\_\_\_ Sex: M or F

### PLEASE READ:

We are an equal opportunity employer committed to non-discrimination in employment without regard to race, color, natural religion, sex, age, or disability.

I certify that the information given in this application is true and complete. I agree that any misrepresentation, falsification, or omission of facts herein shall justify my dismissal. I understand that this application is valid for 30 days from today's date. If I desire a position after this period, it is my responsibility to re-apply.

Applicant's Signature \_\_\_\_\_

Date \_\_\_\_\_