



United Community Services of Lawrence County, Inc.

33-39 South Jefferson Street
New Castle, PA 16101
(412) 658-7258

APPLICATION FOR EMPLOYMENT

Personal Data

Name (last, first, middle)

Date

Social Security Number

Address

City

State

Zip Code

Home phone ()

Message Phone ()

Referred by

Employment Desired

Position

Date you can start

Salary desired

Are you employed now?

If so, can we contact your present employer?

Have you ever applied to this company before?

Where?

When?

Education Record

High school

Address

Dates attended

Degrees or diplomas

College/University

Address

Dates attended

Degrees or diplomas

Trade or technical training

Address

Dates attended

Degrees or diplomas

Military Service

Branch of service

Dates of service

Duties/special training

Employment History

Begin with most recent employer. Attach additional sheet if needed.

1. Employer

Dates of employment

Address

City

State

Zip code

Phone ()

Beginning salary

Ending salary

Title/duties

Manager's name

Why did you leave?

2. Employer

Dates of employment

Address

City

State

Zip code

Phone ()

Beginning salary

Ending salary

Title/duties

Manager's name

Why did you leave?

3. Employer

Dates of employment

Address

City

State

Zip code

Phone ()

Beginning salary

Ending salary

Title/duties

Manager's name

Why did you leave?

Personal Data

Have you been convicted of a crime (other than traffic violations) or been imprisoned during the last seven years? A conviction will not necessarily bar you from employment. No Yes

Explain:

Names of friends or relatives that are employed by this company:

Do you have any physical or mental disability that may limit your performance in the job you are applying for? If so, what can be done to accommodate your limitation?

References

List three professional references who are familiar with the quality of your work, have worked directly with you, and have known you at least two years.

1. Reference

Work phone ()

Home phone ()

Address

City

State

Zip code

Relationship

2. Reference

Work phone ()

Home phone ()

Address

City

State

Zip code

Relationship

3. Reference

Work phone ()

Home phone ()

Address

City

State

Zip code

Relationship

I authorize investigation of all statements contained in this application. I understand and agree that my employment is for no definite period and may, regardless of the date of payment of my wages and salary, be terminated at any time without any previous notice.

Applicant's signature

Date