

APPLICATION FOR EMPLOYMENT

420 Schooley Avenue
Exeter, PA 18643
570-654-3391

We consider applicants for all positions without regard to race, color, creed, gender, national origin, age, disability, marital or veteran status, or any other legally protected status.

(PLEASE PRINT)

Position(s) Applied For		Date of Application
How Did You Learn About Us?		
<input type="checkbox"/> Advertisement	<input type="checkbox"/> Friend	<input type="checkbox"/> Inquiry
<input type="checkbox"/> Employment Agency	<input type="checkbox"/> Relative	<input type="checkbox"/> Other

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 home is:		AM	PM
If you are under 18 years of age, can you provide required proof of you eligibility to work?	Yes	No	
Have you ever filed an application with us before?	Yes	No	
If Yes, give date _____			
Have you ever been employed with us before?	Yes	No	
If Yes, give date _____			
Do any of your friends or relatives, other than spouse, work here?	Yes	No	
If Yes, state name, relationship and location _____			
Are you currently employed?	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			
Date available for work ____/____/____	What is your desired salary range? _____		
Are you available to work:	<input type="checkbox"/> Full Time	(Please indicate 1 2 3 shift)	
	<input type="checkbox"/> Part Time	(Please indicate Mornings Afternoon Evenings)	
	<input type="checkbox"/> Temporary	(Please indicate dates available ____/____-____/____)	
Are you currently on "lay-off" status and subject to recall?	Yes	No	
Can you travel if a job requires it?	Yes	No	
Have you ever been convicted of a crime? () Yes () No If so, list charges, disposition, dates and city:			

WE ARE AN EQUAL OPPORTUNITY EMPLOYER

EDUCATION

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SCHOOL	NAME and ADDRESS of SCHOOL	COURSE OF STUDY	YEARS COMPLETED	DIPLOMA and/or DEGREE
HIGH SCHOOL				
UNDERGRADUATE COLLEGE				
GRADUATE/ PROFESSIONAL				
OTHER (Specify)				

WORK EXPERIENCE

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

Employer	Dates Employed		Work Performed	
Address	From	To		
Telephone Number(s)				
Starting/Present Job Title	Hourly Rate/Salary			
Supervisor	Starting	Final		
Reason for Leaving				
			May we Contact?	Yes No
Employer	Dates Employed		Work Performed	
Address	From	To		
Telephone Number(s)				
Starting/Present Job Title	Hourly Rate/Salary			
Supervisor	Starting	Final		
Reason for Leaving				
			May we Contact?	Yes No
Employer	Dates Employed		Work Performed	
Address	From	To		
Telephone Number(s)				
Starting/Present Job Title	Hourly Rate/Salary			
Supervisor	Starting	Final		
Reason for Leaving				
			May we Contact?	Yes No
Employer	Date Employed		Work Performed	
Address	From	To		
Telephone Number(s)				
Starting/Present Job Title	Hourly Rate/Salary			
Supervisor	Starting	Final		
Reason for Leaving				
			May we Contact?	Yes No

Comments: Include explanation of any gaps in employment.

SKILLS and TRAINING

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

Describe any job-related training received in the United States Military.

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 other protected status.

Specialized Skills (Skills/Equipment operated)

PC/MAC	Forklift	Jack Hammer	Trencher	Bucket/lift Truck
Typewriter	Pallet Jack	Compressor	Earth Saw	Line/hoist Truck
MS Word	Welder	Bob Cat	Paver	Dangle Derrick/auger
Excel	Meg Welder	Backhoe	Roller	Highway/compression Digger

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

Note to Applicants: **DO NOT ANSWER THIS QUESTION UNLESS YOU HAVE BEEN INFORMED ABOUT THE REQUIREMENTS OF THE JOB FOR WHICH YOU ARE APPLYING.**

Are you capable of performing in a reasonable manner; with or without reasonable accommodation, the activities involved in the job or occupation for which you applied? A review of the activities involved in such a job or occupation has been given. YES NO

Licenses and Certifications held.

Drivers License	Endorsements	Safety	Other
CDL Class A <input type="checkbox"/>	Hazmat <input type="checkbox"/>	CPR <input type="checkbox"/>	
CDL Class B <input type="checkbox"/>	Airbrakes <input type="checkbox"/>	OSHA <input type="checkbox"/>	
Class C <input type="checkbox"/>	Other: <input type="checkbox"/>	OSHA <input type="checkbox"/>	

PERSONAL/PROFESSIONAL REFERENCES Do not include family members or past supervisors.

Name	Phone Number	Best Time to Call	Occupation

APPLICANT'S STATEMENT

I certify that the answers herein are true and complete.

I authorize investigation all statements contained in this application for employment as may be necessary in arriving at an employment decision.

This application for employment shall be considered active for a period of time not to exceed 45 days. Any applicant wishing to be considered for employment beyond this period should inquire as to whether or not applications are being accepted at that time.

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 Employee at any time with or without cause. It is further understood that this "at will" employment relationship may not be change by any written document or by conduct unless such change is specifically acknowledged 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.

Signature of Applicant

Date

Applicant Data Record

COMPLETION OF THIS SECTION IS STRICTLY ON A VOLUNTARY BASIS.

Applicants are considered for all positions, and employees are treated during employment without regard to race, color, religion, sex, national origin, age, marital or veteran status, medical condition or handicap.

As employers/government contractors, we comply with government regulations and affirmative action responsibilities.

Solely to help us comply with government record keeping, reporting and other legal requirements, please fill out the Application Data Record. We appreciate your cooperation.

This data is for periodic government reporting and will be kept in a Confidential File separate from the Application for Employment.

(Please Print)

Date: _____

Position(s) Applied For _____

Referral Source: _____ Relative _____ Friend _____ Advertisement
_____ Walk-In _____ Employment Agency _____ Union Affiliation
_____ Other _____

Name _____ Phone () _____
Last First Middle Area Code
Address _____
Number Street City State Zip Code

Affirmative Action Survey

Government agencies require periodic reports on the sex, ethnicity, handicapped and veteran status of applicants.
This data is for analysis and affirmative action only. Submission of information about a handicap is voluntary.

Check one: _____ Male _____ Female

Check one of the following:

Race/Ethnic Group: _____ White _____ Hispanic _____ Pacific Islander
_____ Black _____ Asian _____ American Indian/Alaskan

Check if any of the following are applicable:

_____ Vietnam Era Veteran _____ Disabled Veteran _____ Handicapped Individual

CONSENT FORM: DRUG TESTING

I understand and agree that I may be asked to undergo a medical examination prior to being hired which will include a substance abuse test. I understand that if I refuse to sign this consent to the examination and/or test, my application will not be considered further. If the test is positive, I understand that it will be followed by a confirmation test of the same blood and/or urine sample by an alternative chemical method. If the second test is also positive, I understand that my application will not be considered further. An exception will be made for the use of legally prescribed medications taken under the directions of a physician. I have taken the following drugs within the last 96 hours:

(Identify name and amount)

(If "none", so indicate)

I hereby consent to the medical examination including the substance abuse test.

Date: _____

Signed: _____

Witness: _____

AT WILL FORM

I understand that employment with Kuharchik Construction, Inc. is strictly at will and that any changes in this policy may be affected only by a written agreement signed by the company president. I do agree to the fact that I may be discharged at any time at Management's discretion. I understand that this application for employment is not a contract.

Date: _____

Prospective Employee Signature

Witness

Equal Opportunity Employer

**BACKGROUND SCREEN
RELEASE OF INFORMATION**

All information supplied to Kuharchik Construction, Inc. in this application is subject to verification.

As a condition of employment a background screen will be conducted on all prospective employees. This screening process includes legal, employment, unemployment, school and educational records, vocational training or rehabilitation records.

I have read or had this statement explained to me and fully understand its content.

I hereby empower any institution or agency to release to Kuharchik Construction Inc. any and all information requested by Kuharchik Construction Inc. concerning my background.

Prospective Employee Signature

Equal Opportunity Employer

AUTHORIZATION TO RELEASE MEDICAL RECORDS

I, _____, authorize the release of any
(Employee Name)
information including the diagnosis of any treatment or examination rendered to me during my employment with Kuharchik Construction Inc. with regard to any Workers' Compensation Claim to Kuharchik Construction Inc..

(Signature)

(Date)