

# APPLICATION FOR EMPLOYMENT



2325 Paxton Church Road \* Harrisburg, PA 17110 \* (717) 540-3902 \* (717) 540-7958 Fax

*We consider applicants for all positions without regard to race, color, creed, religion, national origin or ancestry, sex, age, disability, genetic information, veteran status, or any other legally protected status under local, state, or federal law. We will give this application every consideration. However, in accepting it, A.P. Williams, Inc. makes no commitment of employment to the applicant. This application will remain active for 45 days.*

*A.P. Williams, Inc. is an "at-will" employer, meaning that either the employer or the employee may end the employment relationship at any time and for any or no reason.*

*All statements contained in this application for employment are provided voluntarily by applicant.*

## BASIC INFORMATION (Please print in ink):

<b>Last Name</b>		<b>First Name</b>		<b>Middle Name/Initial</b>	
<b>Street Address</b>		<b>City</b>	<b>State</b>	<b>Zip Code</b>	
<b>Home Phone</b>			<b>Alternate Phone</b>		
<b>Date of Application</b>		<b>Position Applied For</b>		<b>Salary Requirements/Hourly Rate</b>	
<b>List special training, skills, or licenses that may benefit you in the job for which you are applying:</b>					
<b>Would you accept full-time work?</b>		<input type="checkbox"/> Yes <input type="checkbox"/> No		<b>Would you accept part-time work?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No	
<b>On what date would you be available for work?</b> _____					
<b>Are you currently on "lay-off" status and subject to recall?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No					
<b>Have you ever applied here before?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No			<b>If so, when?</b> _____		
<b>Have you ever worked here before?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No			<b>If so, when?</b> _____		
<b>How did you learn about A.P. Williams, Inc.?</b>					
<input type="checkbox"/> Advertisement		<input type="checkbox"/> Employment Agency		<input type="checkbox"/> Friend _____	
<input type="checkbox"/> Walk-in		<input type="checkbox"/> Relative _____		<input type="checkbox"/> Other _____	
<b>Are you legally eligible for employment in the United States? (If yes, proof is required, if hired)</b> <input type="checkbox"/> Yes <input type="checkbox"/> No					
<b>If you are under 18 years old, can you provide a work permit, if required?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No					

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*This question is not designed to elicit information about an applicant's disability. Please do not provide information about the existence of a disability, particular accommodation, or whether accommodation is necessary. These issues may be addressed at a later stage to the extent permitted by law.*

Are you able to perform the essential functions of the job for which you are applying (with or without reasonable accommodation)?  Yes  No  Need more information about the job's essential functions to respond.

## EMPLOYMENT INFORMATION

<b>1</b> Current/Most Recent Employer		Address			Phone
Position Held	Supervisor	Phone	Dates Employed		Salary
			From	To	
May we contact? <input type="checkbox"/> Yes <input type="checkbox"/> No					
<b>2</b> Employer		Address			Phone
Position Held	Supervisor	Phone	Dates Employed		Salary
			From	To	
May we contact? <input type="checkbox"/> Yes <input type="checkbox"/> No					
<b>3</b> Employer		Address			Phone
Position Held	Supervisor	Phone	Dates Employed		Salary
			From	To	
May we contact? <input type="checkbox"/> Yes <input type="checkbox"/> No					
<b>4</b> Employer		Address			Phone
Position Held	Supervisor	Phone	Dates Employed		Salary
			From	To	
May we contact? <input type="checkbox"/> Yes <input type="checkbox"/> No					

## EDUCATION

School	Name/Address	Course of Study	Years Completed	Diploma/Degree
High School				
College				
Military Training				

**SPECIAL SKILLS/QUALIFICATIONS:**

Summarize specific skills and aptitudes that you feel qualify you for a position with A.P. Williams, Inc. (You may wish to include civic and community activities, or professional societies in which you participate).

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**REFERENCES** (Please do not use former employers or relatives):

Name	Address	Phone

**ACKNOWLEDGEMENT/APPLICANT'S STATEMENT:**

*I certify that answers given herein are true and complete to the best of my knowledge and are provided voluntarily.*

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

*I understand that this application for employment shall be considered active for a period of time not to exceed 45 days and that if I wish to be considered for employment beyond this time period, I should inquire as to whether or not applications are being accepted at that time.*

*I hereby understand and acknowledge that, if hired, my employment relationship with A.P. Williams, Inc. would be on an "at-will" nature, which means that the employee may resign at any time and the employer may discharge employee at any time and for any or no reason. 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 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 or a refusal to hire. I understand, also, that I am required to abide by all rules and regulations of the employer.*

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date

**FOR HUMAN RESOURCES DEPARTMENT USE ONLY**

Arrange Interview <input type="checkbox"/> Yes <input type="checkbox"/> No	Interviewer	Date
Employed <input type="checkbox"/> Yes <input type="checkbox"/> No	Date of Employment	
Job Title	Hourly Rate/ Salary	Department
By:		
Name	Title	Date



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