

D.W. RICHARDS SONS, INC.
 701 ROCKY GLEN RD.
 MOOSIC BOROUGH
 AVOCA, PA 18641-9529

PLEASE PRINT ALL
 INFORMATION REQUESTED
 EXCEPT SIGNATURE

Application for Employment

APPLICANTS MAY BE TESTED FOR ILLEGAL DRUGS

PLEASE COMPLETE ALL PAGES

DATE _____

Name _____
LAST FIRST MIDDLE

Present Address _____
NUMBER STREET CITY STATE ZIP

How long at this address? _____ Social Security Number: _____ - -

Telephone (_____) _____ If under 18, please list age: _____

Employment Desired: Full Time Only Part Time Only Full or Part Time

When available for work? _____ Can you work nights? Yes No

Education

TYPE OF SCHOOL	NAME OF SCHOOL	LOCATION (complete mailing address)	NUMBER OF YEARS COMPLETED	MAJOR and DEGREE
High School				
College				
Business or Trade				
Professional				

HAVE YOU EVER BEEN CONVICTED OF A CRIME? No Yes

If yes, explain number of convictions, nature of offence(s) leading to conviction(s): _____

Recent such offence(s) committed: _____

Sentence(s) imposed: _____

Type(s) of rehabilitation: _____

Name of employer: _____

Address: _____

City, State, Zip: _____

Phone number: _____

NAME OF LAST SUPERVISOR	EMPLOYMENT DATES	PAY OR SALARY
	From	Start
	To	Final

Reason for leaving (be specific): _____

List the jobs you held, duties performed, skills used or learned, advancements or promotions received while you worked for this company:

Name of employer: _____

Address: _____

City, State, Zip: _____

Phone number: _____

NAME OF LAST SUPERVISOR	EMPLOYMENT DATES	PAY OR SALARY
	From	Start
	To	Final

Reason for leaving (be specific): _____

List the jobs you held, duties performed, skills used or learned, advancements or promotions received while you worked for this company:

Did you complete this application yourself? Yes No

If not, who did? _____

DO YOU HAVE A DRIVER'S LICENSE? Yes No

What is your means of transportation to work? _____

Driver's License Number: _____ State of Issue: _____

Expiration Date: _____ Operator Commercial (CDL) Chauffeur

Have you had any accidents during the past three years? Yes No How many? _____

Have you had any moving violations during the past three years? Yes No How many? _____

References

Please list two references other than relatives or previous employers.

Name: _____

Name: _____

Position: _____

Position: _____

Company: _____

Company: _____

Address: _____

Address: _____

City, State, Zip: _____

City, State, Zip: _____

Phone number: _____

Phone number: _____

Medical History

Do you have any impairments, mental or medical, that would interfere with your ability to perform the position for which you are applying? Yes No

Do you have any lifting limitations or restrictions that would affect your work performance? Yes No

Have you had any back injuries? Yes No

Are you color blind? Yes No

Have you collected Workers' Compensation? Yes No

Applicant's Statement

I certify that the answers given herein are true and complete to the best of my knowledge. I authorize investigation of all statements contained in this Application for Employment as may be necessary in arriving at an employment decision.

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 the rules and regulations of the employer.

SIGNATURE

DATE

PRINT NAME