## 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**

	APPLICA	NTS MAY BE TESTED F	OR ILLEGAL DE	RUGS		
PLEASE COMPL	ETE ALL PAGES		DATE			
Name		FIRST	FIRST MIDDLE			
Present Address	NUMBER STREE	г ,	DITY	STAT	E ZIP	
How long at this address?			••••			
Telephone ()		lf u				
Employment Desi	ired: Full Time (	Only Part Time	Only Fı	ıll or Part Time		
When available fo	or work?		Can you work ni	ghts? Yes	No	
		Educatio	n			
TYPE OF SCHOOL	NAME OF SCHOOL	LOCATION (complete m	ailing address)	NUMBER OF YEARS COMPLETED	MAJOR and DEGREE	
High School						
College	:					
Business or Trade						
Professional						
HAVE YOU EVER	R BEEN CONVICTED	OF A CRIME? No	Yes			
If yes, explain nur	mber of convictions, n	ature of offence(s) leadin	g to conviction(s)	:		
Recent such offer	nce(s) committed:					
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## **Work Experience**

Please list your work experience for the past **five years**, beginning with your most recent job held. If you were self-employed, give firm name. Attach additional sheets if necessary.

Address:	Name of employer:    SUPERVISOR   DATES   FAT ON Start	SALARY
Name of employer:  Address:  City, State, Zip:  To  Final  To  Final	City, State, Zip:	
Phone number:	Reason for leaving (be specific):  Sist the jobs you held, duties performed, skills used or learned, advancements or promotions received while you worked for this composition in the jobs you held, duties performed, skills used or learned, advancements or promotions received while you worked for this composition in the jobs you held, duties performed, skills used or learned, advancements or promotions received while you worked for this composition in the jobs you held, duties performed, skills used or learned, advancements or promotions received while you worked for this composition in the jobs you held, duties performed, skills used or learned, advancements or promotions received while you worked for this composition in the jobs you held, duties performed, skills used or learned, advancements or promotions received while you worked for this composition in the jobs you held, duties performed, skills used or learned, advancements or promotions received while you worked for this composition in the jobs you held, duties performed, skills used or learned, advancements or promotions received while you worked for this composition in the jobs you held, duties performed, skills used or learned, advancements or promotions received while you worked for this composition in the jobs you held, duties performed, skills used or learned, advancements or promotions received while you worked for this composition in the jobs you held, duties performed, skills used or learned, advancements or promotions received while you worked for this composition in the jobs you held, duties performed, skills used or learned, advancements or promotions received while you worked for this composition in the jobs you held, duties performed, skills used or learned, advancements or promotions received while you worked for this composition in the jobs you held, duties performed, advancements or promotions received while you worked for the jobs you held, advancement you held, advancement you have you held, advancement you have you held, advancement you	
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Name of employer:  NAME OF LAST SUPERVISOR DATES  PAY OR SALARY Address: From Start City, State, Zip: To Final Phone number:	Name of employer:	
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Phone number:  Reason for leaving (be specific):		
Reason for leaving (be specific):	City, State, Zip: To Final	
	Phone number:	
List the jobs you held, duties performed, skills used or learned, advancements or promotions received while you worked for this company:	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 comp	pany:

Name of employer:	NAME OF LAST SUPERVISOR	EMPLOYMENT DATES	PAY OR SALARY
Address:		From	Start
City, State, Zip:		To	Final
Phone number:			Fillat
Reason for leaving (be specific):			
List the jobs you held, duties performed, skills used or learned, adva			for this company:
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Name of employer:	NAME OF LAST SUPERVISOR	EMPLOYMENT DATES	PAY OR SALARY
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Address:		From	Start
		From	Start Final
City, State, Zip:			
Address:  City, State, Zip:  Phone number:  Reason for leaving (be specific):		То	
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City, State, Zip:  Phone number:  Reason for leaving (be specific):		То	Final

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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?							
Thave you had any moving violations during the pas	Stillee years:						
Re	eferences						
Please list two references other than relatives or pr	revious employers.						
Name:	Name:						
Position:	Position:						
Сотрапу:	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?							
Do you have any lifting limitations or restrictions that	at would affect your work performance? Yes No						
Have you had any back injuries?							
Are you color blind?							
Have you collected Workers' Compensation?	Yes No						
Applicant's Statement							
•	and complete to the best of my knowledge. I authorize s Application for Employment as may be necessary in						
, •	false or misleading information given in my application or and, also, that I am required to abide by all the rules and						
SIGNATURE DAT	TE PRINT NAME						