

EDUCATION RECORD: List all schools you have attended beginning with the 9th grade:

SCHOOL NAME	STREET ADDRESS	FROM		TO		HIGHEST GRADE COMPLETED	GRADUATED	
		MO.	YR.	MO.	YR.		YES	NO

On a separate sheet of paper, list any courses you have taken which may be useful to the position for which you are applying.

EMPLOYMENT HISTORY: List below, starting with your current employment, or unemployment, and working back, each employment and period of unemployment you have had. Include within the sequence any period of active military service. If you were discharged from any employment, or requested to resign, so state under "Reason for leaving employment."

FROM		TO		COMPANY NAME AND ADDRESS	TYPE OF WORK PERFORMED	NAME OF SUPERVISOR	REASON FOR LEAVING EMPLOYMENT
MO.	YR.	MO.	YR.				
1.		PRESENT					
2.							
3.							
4.							

May we contact your present employer? Yes _____ No _____

Has any employer taken any form of disciplinary action against you? Yes* _____ No _____

If yes, explain below:

FIRM	REASON	DISCIPLINARY ACTION TAKEN

*Answering yes to this question will not result in an automatic denial of employment.

MILITARY SERVICE RECORD: List below any military service performed on either active duty or on reserve or National Guard status:

FROM MO. YR.		TO MO. YR.		ACTIVE OR RESERVE	BRANCH OF SERVICE	RANK	SERVICE SERIAL NUMBER	TYPE OF DISCHARGE OR SEPARATION

MILITARY SERVICE DISCIPLINARY ACTION: list below all disciplinary actions against you in military service by courts martial for which you were convicted:

DATE	SPECIFIC CHARGE AGAINST YOU	TYPE OF ACTION – BE SPECIFIC (COURT MARTIAL)	DISPOSITION OF CHARGE

Have you ever been convicted of a crime? Yes _____ No _____ If yes, explain below:

DATE OF ARREST	LOCATION	ORIGINAL CHARGE	FINAL CHARGE	DISPOSITION, INCLUDE DATE & COURT

1. Are you able, with or without accommodation, to perform all of the functions of the job for which you are applying?
Yes _____ No _____

2. Are there any functions of the job that you cannot perform with or without accommodation? Yes _____ No _____

3. If so, please describe. _____

Do you have a current Pennsylvania **Commercial Driver's License**? Yes _____ No _____ If yes, complete the following:

Drivers license number _____ Class _____ Expiration Date _____

Date of Birth: _____

Do you have a valid CDL from another state? Yes _____ No _____ If yes, list State where issued, license number and expiration date:

Have you ever been denied a license, permit or privilege to operate a motor vehicle? Yes _____ No _____

Has any license, permit or privilege ever been suspended or revoked? Yes _____ No _____

If you answer "yes" to either of these questions, attach a statement giving details.

Nature and Extent of Driving Experience

Type of equipment	Date from	Date to	Total miles driven

Accident Record for past 3 years

Date of accident	Nature of accident	# Fatalities	# Injuries

Traffic Citations (non parking) & Bond Forfeitures in past 3 years

Location	Date	Charge	Penalty

List below the names of three persons who have known you for at least one year and who KNOW your character and standing in the community.

Name

Address

Phone

1. _____
2. _____
3. _____

NOTICE TO APPLICANT

APPLICATION WILL NOT BE ACCEPTED BY THE SECRETARY UNLESS THE FOLLOWING REQUIREMENTS ARE COMPLIED WITH:

1. Applicant must not have been convicted of any felony or misdemeanor and may be required to sign a release form.
2. Applicant must submit a copy of his current PA **CDL** operator's license.
3. Applicant must submit a copy of his Armed Forces discharge, if a veteran.
4. Application must be completed in its entirety.
5. Applicant shall be a citizen of the United States.
6. Applicant must be a high school graduate, or its equivalent.

The facts set forth in my application for employment are true and complete. I understand that if employed, any false statement on this application may result in my dismissal. You are hereby authorized to make any investigation of my personal history and financial and credit record through any investigative or credit agencies or bureaus of your choice.

Signature _____
(Name in full as it appears in question 1, page 1)