

# Application for Employment



Please Print

Equal access to programs, services and employment is available to all persons. Those applicants requiring reasonable accommodation to the application and/or interview process should notify a representative of the Human Resources Department.

Name \_\_\_\_\_ Applicant ID # \_\_\_\_\_  
Last First Middle

Address \_\_\_\_\_  
Street City State ZIP Code

Telephone # ( ) Cellular/Other Phone # ( ) E-mail Address \_\_\_\_\_

Position(s) applied for \_\_\_\_\_ Date of application \_\_\_\_/\_\_\_\_/\_\_\_\_

### Referral Source (Please check the appropriate category and list the source.)

- Walk-In \_\_\_\_\_
- Employee \_\_\_\_\_
- Advertisement \_\_\_\_\_
- Company's Website \_\_\_\_\_
- Other Internet \_\_\_\_\_
- School \_\_\_\_\_
- Job Fair \_\_\_\_\_
- Staffing Agency \_\_\_\_\_
- Government Employment Agency \_\_\_\_\_
- Other \_\_\_\_\_

If necessary, best time to call you is \_\_\_\_\_ : \_\_\_\_\_  
AM PM

Home  Cellular/Other

May we contact you at work? .....  Yes  No

If yes, work number and best time to call:

( ) : \_\_\_\_\_  
AM PM

If you are under 18 and it is required, can you furnish a work permit? .....  Yes  No

If no, please explain: \_\_\_\_\_

Have you submitted an application here before? .....  Yes  No

If yes, give date(s) and position(s): \_\_\_\_\_

Have you ever been employed here before? .....  Yes  No

If yes, give dates: From \_\_\_\_/\_\_\_\_/\_\_\_\_ To \_\_\_\_/\_\_\_\_/\_\_\_\_

Is this application a request for reemployment following an extended military leave of absence from this company? .....  Yes  No

Are you legally eligible for employment in this country? .....  Yes  No

Date available for work \_\_\_\_\_/\_\_\_\_/\_\_\_\_

What is your desired salary range or hourly rate of pay?

\$ \_\_\_\_\_ Per \_\_\_\_\_

Type of employment desired:  Full-Time  Part-Time  
 Educational Co-Op  Seasonal  Temporary

Will you relocate if job requires it? .....  Yes  No

Will you travel if job requires it? .....  Yes  No

If they have been explained to you, are you able to meet the attendance requirements of the position? ...  N/A  Yes  No

Will you work overtime if required? .....  Yes  No

If no, please explain: \_\_\_\_\_

Are you able to perform the "essential functions" of the job for which you are applying (with or without reasonable accommodation)?

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.

Yes  No  Need more information about the job's "essential functions" to respond

Driver's license number required if driving may be required in the job for which you are applying:

\_\_\_\_\_ State \_\_\_\_\_

Have you ever been bonded? .....  Yes  No

Answering "yes" to the following question does not constitute an automatic bar to employment. Factors such as date of the offense, seriousness and nature of the violation, rehabilitation and position applied for will be taken into account.

Have you ever pleaded "guilty" or "no contest" to or been convicted of a crime? .....  Yes  No

If yes, please provide date(s) and details: \_\_\_\_\_

Have you entered into an agreement with any former employer or other party (such as a noncompetition agreement) that might, in any way, restrict your ability to work for our company? .....  Yes  No

If yes, please explain: \_\_\_\_\_

# Employment History

Starting with your most recent employer, provide the following information.

|  |  |  |
|--|--|--|
| Employer   | Telephone #<br>( )   | Dates employed: Month / Year to Month / Year                           |
| Street address   | City State   | <input type="checkbox"/> Hourly <input type="checkbox"/> Salary \$ per |
| Starting job title/final job title                             |  | Commission/Bonus/Other Compensation \$                                 |
| Immediate supervisor and title (for most recent position held) | May we contact for reference?<br><input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Later | <input type="checkbox"/> Hourly <input type="checkbox"/> Salary \$ per |
| Why did you leave?   | E-mail:  | Commission/Bonus/Other Compensation \$                                 |
| Summarize the type of work performed and job responsibilities. |  |  |

What did you like most about your position?

What were the things you liked least about the position?

|  |  |  |
|--|--|--|
| Employer   | Telephone #<br>( )   | Dates employed: Month / Year to Month / Year                           |
| Street address   | City State   | <input type="checkbox"/> Hourly <input type="checkbox"/> Salary \$ per |
| Starting job title/final job title                             |  | Commission/Bonus/Other Compensation \$                                 |
| Immediate supervisor and title (for most recent position held) | May we contact for reference?<br><input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Later | <input type="checkbox"/> Hourly <input type="checkbox"/> Salary \$ per |
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| Immediate supervisor and title (for most recent position held) | May we contact for reference?<br><input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Later | <input type="checkbox"/> Hourly <input type="checkbox"/> Salary \$ per |
| Why did you leave?   | E-mail:  | Commission/Bonus/Other Compensation \$                                 |
| Summarize the type of work performed and job responsibilities. |  |  |

What did you like most about your position?

What were the things you liked least about the position?

## Employment History (continued)

Explain any gaps in your employment, other than those due to personal illness, injury or disability. \_\_\_\_\_

If not addressed on previous page, have you ever been fired or asked to resign from a job?.....  Yes  No

If yes, please explain: \_\_\_\_\_

## Skills and Qualifications

Summarize any special training, skills, licenses and/or certificates that may assist you in performing the position for which you are applying:

**Computer Skills** (Check appropriate boxes. Include software titles and years of experience.)

Word Processing \_\_\_\_\_ Years: \_\_\_\_\_  Internet \_\_\_\_\_ Years: \_\_\_\_\_

Spreadsheet \_\_\_\_\_ Years: \_\_\_\_\_  Other \_\_\_\_\_ Years: \_\_\_\_\_

Presentation \_\_\_\_\_ Years: \_\_\_\_\_  Other \_\_\_\_\_ Years: \_\_\_\_\_

E-mail \_\_\_\_\_ Years: \_\_\_\_\_  Other \_\_\_\_\_ Years: \_\_\_\_\_

## Educational Background

Starting with your most recent school attended, provide the following information.

| School (include City and State) | Years Completed | Completed  | GPA<br>Class Rank | Major/Minor |
|---------------------------------|-----------------|--|-------------------|-------------|
|                                 |                 | <input type="checkbox"/> Diploma <input type="checkbox"/> GED<br><input type="checkbox"/> Degree _____<br><input type="checkbox"/> Certification _____<br><input type="checkbox"/> Other _____ |                   |             |
|                                 |                 | <input type="checkbox"/> Diploma <input type="checkbox"/> GED<br><input type="checkbox"/> Degree _____<br><input type="checkbox"/> Certification _____<br><input type="checkbox"/> Other _____ |                   |             |
|                                 |                 | <input type="checkbox"/> Diploma <input type="checkbox"/> GED<br><input type="checkbox"/> Degree _____<br><input type="checkbox"/> Certification _____<br><input type="checkbox"/> Other _____ |                   |             |
|                                 |                 | <input type="checkbox"/> Diploma <input type="checkbox"/> GED<br><input type="checkbox"/> Degree _____<br><input type="checkbox"/> Certification _____<br><input type="checkbox"/> Other _____ |                   |             |

## References

List names and telephone numbers of three business/work references who are **not** related to you and are **not** previous supervisors. If not applicable, list three school or personal references who are **not** related to you.

| Name | Title | Relationship to You | Telephone | E-mail | # of Years Known |
|------|-------|---------------------|-----------|--------|------------------|
|      |       |                     | ( )       |        |                  |
|      |       |                     | ( )       |        |                  |
|      |       |                     | ( )       |        |                  |

## Social Security Number

SS# \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

We will use this information only for employment purposes and make reasonable efforts to safeguard your privacy.

**Related Information**

To what job-related organizations (professional, trade, etc.) do you belong?

Exclude memberships that would reveal race, color, religion, sex, national origin, genetic information, citizenship, age, mental or physical disabilities, veteran/reserve, National Guard or any other similarly protected status.

| Organization | Offices Held |
|--------------|--------------|
|              |              |
|              |              |
|              |              |
|              |              |

List special accomplishments, publications, awards, etc.

Exclude information that would reveal race, color, religion, sex, national origin, genetic information, citizenship, age, mental or physical disabilities, veteran/reserve, National Guard or any other similarly protected status.

\_\_\_\_\_

In your current or a previous job, have you ever written instructions or directions to be followed by employees or customers?

Yes  No  Not Applicable

If yes, please explain: \_\_\_\_\_  
 \_\_\_\_\_

Is there any other job-related information you want us to know about you? \_\_\_\_\_  
 \_\_\_\_\_

**Applicant Statement**

I certify that all information I have provided in order to apply for and secure work with this employer is true, complete and correct.

I expressly authorize, without reservation, the employer, its representatives, employees or agents to contact and obtain information from all references (personal and professional), employers, public agencies, licensing authorities and educational institutions and to otherwise verify the accuracy of all information provided by me in this application, resume or job interview. I hereby waive any and all rights and claims I may have regarding the employer, its agents, employees or representatives, for seeking, gathering and using truthful and non-defamatory information, in a lawful manner, in the employment process and all other persons, corporations or organizations for furnishing such information about me.

I understand that this employer does not unlawfully discriminate in employment and no question on this application is used for the purpose of limiting or eliminating any applicant from consideration for employment on any basis prohibited by applicable local, state or federal law.

I understand that this application remains current for only 30 days. At the conclusion of that time, if I have not heard from the employer and still wish to be considered for employment, it will be necessary for me to reapply and fill out a new application.

If I am hired, I understand that I am free to resign at any time, with or without cause and with or without prior notice, and the employer reserves the same right to terminate my employment at any time, with or without cause and with or without prior notice, except as may be required by law. This application does not constitute an agreement or contract for employment for any specified period or definite duration. I understand that no supervisor or representative of the employer is authorized to make any assurances to the contrary and that no implied oral or written agreements contrary to the foregoing express language are valid unless they are in writing and signed by the employer's president.

I also understand that if I am hired, I will be required to provide proof of identity and legal authorization to work in the United States and that federal immigration laws require me to complete an I-9 Form in this regard.

This Company does not tolerate unlawful discrimination in its employment practices. No question on this application is used for the purpose of limiting or excluding an applicant from consideration for employment on the basis of his or her sex, race, color, religion, national origin, genetic information, citizenship, age, disability, or any other protected status under applicable federal, state, or local law. This Company likewise does not tolerate harassment based on sex, race, color, religion, national origin, citizenship, genetic information, age, disability, or any other protected status. Examples of prohibited harassment include, but are not limited to, unwelcome physical contact, offensive gestures, unwelcome comments, jokes, epithets, threats, insults, name-calling, negative stereotyping, possession or display of derogatory pictures or other graphic materials, and any other words or conduct that demean, stigmatize, intimidate, or single out a person because of his/her membership in a protected category. Harassment of our employees is strictly prohibited, whether it is committed by a manager, coworker, subordinate, or non-employee (such as a vendor or customer). The Company takes all complaints of harassment seriously and all complaints will be investigated promptly and thoroughly.

I understand that any information provided by me that is found to be false, incomplete or misrepresented in any respect, will be sufficient cause to (i) eliminate me from further consideration for employment, or (ii) may result in my immediate discharge from the employer's service, whenever it is discovered.

**DO NOT SIGN UNTIL YOU HAVE READ THE ABOVE APPLICANT STATEMENT.**  
 I certify that I have read, fully understand and accept all terms of the foregoing Applicant Statement.

Signature of Applicant \_\_\_\_\_ Date \_\_\_\_/\_\_\_\_/\_\_\_\_



This product is designed to provide accurate and authoritative information. However, it is not a substitute for legal advice and does not provide legal opinions on any specific facts or services. The information is provided with the understanding that any person or entity involved in creating, producing or distributing this product is not liable for any damages arising out of the use or inability to use this product. You are urged to consult an attorney concerning your particular situation and any specific questions or concerns you may have. Products printed by ComplyRight are provided on recycled paper.

Important note: This is approved for use by the purchaser only. This form may not be shared publicly or with third parties.





**MAUCH CHUNK TRUST COMPANY  
Consumer Disclosure and Authorization  
Credit Reports for Employment Related Matters**

Mauch Chunk Trust Company requires initial and periodic credit reports on any person who has applied for or accepted employment with Mauch Chunk Trust. Mauch Chunk Trust may use information contained in the consumer credit reports in making decisions related to employment. This may include, but is not limited to, hiring, promotion, retention and termination.

Prior to procuring a consumer's credit report for employment, Mauch Chunk Trust will obtain the consumer's written authorization. Before taking adverse action based in whole or in part on the report, the person will be provided with a copy of the report and a description in writing of the rights of the consumer under the "Fair Credit Reporting Act".

Information from the consumer report will not be used in violation of any applicable federal or state equal employment opportunity law or regulation.

**Authorization Form for Employment Credit Reports**

I authorize Mauch Chunk Trust Company to obtain a credit report on myself through the credit reporting agency of its choice together with any other information involving my credit worthiness, standing or capacity, character, general reputation, personal characteristics, or mode of living from any outside source that typically provides such information. If employed, I further authorize Mauch Chunk Trust to check my record and such other information as needed on a continuing basis as it relates to my employment and any employment decision.

Name: \_\_\_\_\_ Social Security Number: \_\_\_\_\_

Address: \_\_\_\_\_

Date: \_\_\_\_\_

## Affirmative Action Voluntary Information

We consider all applicants for positions without regard to race, color, religion, sex, national origin, citizenship, age, mental or physical disabilities, military/veteran status, or any other similarly protected status. We also comply with all applicable laws governing employment practices and do not discriminate on the basis of any unlawful criteria.

In an effort to comply with requirements regarding government recordkeeping, reporting and other legal obligations which may apply, we invite you to complete this applicant data survey. Providing this information is **STRICTLY VOLUNTARY**. Failure to provide it will not subject you to any adverse personnel decision or action. Your cooperation is appreciated.

Please be advised that this survey is not a part of your official application for employment. The information will be used and kept confidential in accordance with applicable laws and regulations.

**Section 1: General Applicant Information – Please complete**

Applicant Name: \_\_\_\_\_ Date: \_\_\_\_\_

Position Applied for: \_\_\_\_\_

**Section 2: Referral Source – Please check one**

Walk-in                       Careerlink                       Employment Agency  
 Current employee                       Relative                       School  
 Internet Ad-source \_\_\_\_\_                       Advertisement – source \_\_\_\_\_  
 Other: \_\_\_\_\_  
 Name of person who referred you: \_\_\_\_\_

**Section 3: Applicant Affirmative Action Data – Please complete**

**A. Gender – Check ONE box:**

Male  
 Female

**B. Disability Status** – Please check the below box if applicable. Self-identification of disability status is essential for effective affirmative action data collection and analysis. If you choose to self-identify your disability status, the information you provide will be used for statistical purposes only and will not affect your employment in any way.

| Self Identification                                   | Definition of Disability  |
|---|---|
| <input type="checkbox"/> Individual with Disabilities | A person has a disability if he or she has a physical or mental impairment which substantially limits one or more major life activities; has a record of such impairment; or is regarded as having such impairment. A handicap is “substantially limiting” if it is likely to cause difficulty in securing, retaining or advancing in employment. |

**C. Race/National Origin** – Check the box below that corresponds to the category that best identifies your race/ethnicity. **IMPORTANT:** If you check the “Two or more races” box, please also check ALL boxes that identify your race/ethnicity. For example: If you identify yourself as Asian and Black, you would check 3 boxes – one for Black, one for Asian and one for Two or more races.

|   | <b>Race/Ethnic Category Definition of Category</b>   |
|---|--|
| <input type="checkbox"/> Hispanic or Latino                         | A person of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin regardless of race.  |
| <b>NOT Hispanic or Latino</b>                                       |  |
| <input type="checkbox"/> White                                      | A person having origins in any of the original peoples of Europe, the Middle East, or North Africa   |
| <input type="checkbox"/> Black or African American                  | A person having origins in any of the black racial groups of Africa.   |
| <input type="checkbox"/> Native Hawaiian or Other Pacific Islander  | A person having origins in any of the peoples of Hawaii, Guam, Samoa, or other Pacific Islands.  |
| <input type="checkbox"/> Asian                                      | A person having origins in any of the original peoples of the Far East, Southeast Asia, or the Indian Subcontinent, including, for example, Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand, and Vietnam. |
| <input type="checkbox"/> American Indian or /Alaska Native          | A person having origins in any of the original peoples of North and South America (including Central America), and who maintain tribal affiliation or community attachment.  |
| <input type="checkbox"/> Two or more races (NOT Hispanic or Latino) | All persons who identify with more than one of the above five races.   |
| <input type="checkbox"/> Do not wish to identify                    | All persons not wishing to self-identify race/ethnicity  |

## Voluntary Self-Identification of Veteran Status

Mauch Chunk Trust is a Government contractor subject to the Vietnam Era Veterans’ Readjustment Assistance Act of 1974, as amended by the Jobs for Veterans Act of 2002, 38 U.S.C. 4212 (VEVRAA), which requires Government contractors to take affirmative action to employ and advance in employment: (1) disabled veterans; (2) recently separated veterans; (3) active duty wartime or campaign badge veterans; and (4) Armed Forces service medal veterans. These classifications are defined as follows:

A “disabled veteran” is one of the following:

A veteran of the U.S. military, ground, naval or air service who is entitled to compensation (or who but for the receipt of military retired pay would be entitled to compensation) under laws administered by the Secretary of Veterans Affairs; or

A person who was discharged or released from active duty because of a service-connected disability.

A “recently separated veteran” means any veteran during the three-year period beginning on the date of such veteran’s discharge or release from active duty in the U.S. military, ground, naval, or air service.

An “active duty wartime or campaign badge veteran” means a veteran who served on active duty in the U.S. military, ground, naval or air service during a war, or in a campaign or expedition for which a campaign badge has been authorized under the laws administered by the Department of Defense.

An “Armed Forces service medal veteran” means a veteran who, while serving on active duty in the U.S. military, ground, naval or air services, participated in a United States military operation for which an Armed Forces service medal was award pursuant to Executive Order 12985.

- I IDENTIFY AS ONE OR MORE OF THE CLASSIFICATIONS OF PROTECTED VETERAN LISTED ABOVE.
- I AM NOT A PROTECTED VETERAN.