

EMPLOYMENT APPLICATION

(Revised 2/05)

3487 Susquehanna Trail, York, PA 17406

NAME:	DATE:
ADDRESS, STREET, PO BOX	CITY STATE ZIP CODE
TELEPHONE:	SOCIAL SECURITY NUMBER:

EMPLOYMENT DESIRED

- Manufacturing CDL Driver/Delivery Person
 Other: Please Specify _____

If required by the position(s), for which you are applying, can you stand for long periods of time and lift 50 lb.

Please check: YES NO

Are you 15 years old & under: 16 – 17 years old 18years & older

Date available for work:	Are you available to work weekends, holidays and overtime? <input type="checkbox"/> Yes <input type="checkbox"/> No
Hourly wage requirement:	Have you ever applied to this company before? <input type="checkbox"/> Yes <input type="checkbox"/> No If "Yes", give date(s):
Other special training or skills, licenses and/or certificates that may qualify you as being able to perform job-related functions in the position for which you are applying.	

ADDITIONAL APPLICATION INFORMATION

Are you legally entitled to work in the United States? <input type="checkbox"/> Yes <input type="checkbox"/> No	Have you ever been convicted of a crime? <input type="checkbox"/> Yes <input type="checkbox"/> No
If so when, where and nature of offense?	

Answering "Yes" to the question on previous crimes committed does not constitute an automatic bar to employment. Factors such as the date of offence, seriousness and nature of violation, rehabilitation and position applied for will be taken into account.

(OVER)

CDL DRIVER/DELIVERY PERSON PLEASE COMPLETE THIS SECTION

DRIVING RECORD – A motor Vehicle Records check will be completed for all CDL Drivers before hiring			
Type of Driver's License you hold: <input type="checkbox"/> Operator <input type="checkbox"/> Commercial Driver's	State issued by:	Expiration Date:	Driver's License No.
Class of CDL: <input type="checkbox"/> A <input type="checkbox"/> B	List Endorsements:		
How many years have you been driving	Explain any restrictions on your license		
If your driver's license has been revoked or suspended in the last 10 years, please explain why.			
List any moving traffic violations or accidents on the past 3 years below			
<u>Month/year</u>	<u>Description of violation or accident</u>		

PHYSICAL & DRUG TESTING – NOTE YORK P-B TRUSS, INC. HAS A DRUG FREE WORKPLACE

If offered a position with our company, are you willing to take a physical examination including a drug screening examination? Yes No

Education

Type of:	Name & Address	Major	Last Grade Attended	Graduate? Yes No
High School				
College/University				
Trade/Technical/Other				

References

List the names and telephone numbers of three business/work references who are NOT related to you. If not applicable, list three school or personal references that are NOT related to you.		
Name	Telephone Number	No. of years known

EMPLOYEMENT HISTORY

Please give accurate, complete full time and part time employment record.
Start with the present or most recent employment.

COMPANY NAME:	TELEPHONE NO.
ADDRESS:	EMPLOYED (month/year) From To
NAME OF SUPERVISOR	WEEKLY PAY Start Last
STATE JOB TITLE AND DESCRIBE YOUR WORK	REASON FOR LEAVING

COMPANY NAME:	TELEPHONE NO.
ADDRESS:	EMPLOYED (month/year) From To
NAME OF SUPERVISOR	WEEKLY PAY Start Last
STATE JOB TITLE AND DESCRIBE YOUR WORK	REASON FOR LEAVING

COMPANY NAME:	TELEPHONE NO.
ADDRESS:	EMPLOYED (month/year) From To
NAME OF SUPERVISOR	WEEKLY PAY Start Last
STATE JOB TITLE AND DESCRIBE YOUR WORK	REASON FOR LEAVING

COMPANY NAME:	TELEPHONE NO.
ADDRESS:	EMPLOYED (month/year) From To
NAME OF SUPERVISOR	WEEKLY PAY Start Last
STATE JOB TITLE AND DESCRIBE YOUR WORK	REASON FOR LEAVING

APPLICANT STATEMENT AND AUTHORIZATION – YORK P-B TRUSS, INC.

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

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) cancel further consideration of this application, or (ii) immediately discharge me from the employer's service, whenever it is discovered.

I expressly authorize, without reservation, the employer, its representative, 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 representative, for seeking, gathering and using such information in the employment process and all other persons, corporations or organizations for furnishing such information about me.

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

I understand that this application remains current for 3 months from the date of its completion. 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 to reapply and fill out a new application.

The employer reserves the right to terminate my employment at any time, with or without cause and 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 agree to take any blood, urine or saliva or other drug or alcohol test required by company policy. I agree that the Company may terminate my employment or withdraw my job offer if I refuse to take such drug or alcohol test or test positive. I agree to take any medical examination required by the Company if I am offered employment. I agree that the Company may terminate me or withdraw my job offer if: (1) I refuse to take required medical examination or; (2) the medical examination shows I am unable to perform the essential duties of the job I am offered with reasonable accommodations. As a condition of my employment, by signing below I authorize York P-B Truss, Inc. to deduct the costs for the post-offer physical examination and the drug and alcohol test from my final paycheck if I am incapable of completing the 90-day introductory period for whatever reason.

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

DO NOT SIGN UNTIL YOU HAVE READ THE ABOVE INFORMATION.

I CERTIFY THAT I HAVE READ, FULLY UNDERSTAND AND ACCEPT ALL TERMS OF THE FOREGOING APPLICANT STATEMENT AND AUTHORIZATION.

Signature of Applicant: _____

Date: ___/___/___

