



Pre-Employment Application/E.O.E.

FrenchCreek Production FOLLOWS AN EQUAL EMPLOYMENT OPPORTUNITY POLICY. WE OFFER EQUAL EMPLOYMENT OPPORTUNITY TO ALL PERSONS AND DO NOT DISCRIMINATE AGAINST QUALIFIED APPLICANTS AND EMPLOYEES BECAUSE OF RACE, RELIGION, CREED, COLOR, SEX, NATIONAL ORIGIN, AGE OR DISABILITY. IF YOU NEED HELP FILLING OUT THIS APPLICATION FORM OR FOR ANY PHASE OF THE APPLICATION PROCESS, PLEASE NOTIFY US SO THAT WE CAN REASONABLY ACCOMMODATE YOUR NEEDS.

NAME (LAST) (FIRST) (MIDDLE) SOCIAL SECURITY NUMBER

CURRENT ADDRESS (STREET) (CITY) (STATE) (ZIP) HOME PHONE NUMBER:

Email address:

CELL NUMBER:

POSITION APPLIED FOR: _____

REFERRED BY: _____

ARE YOU CURRENTLY EMPLOYED? (Please circle one) YES / NO

DATE YOU CAN START: _____ WERE YOU EVER EMPLOYED BY FrenchCreek Production BEFORE? (Please circle one) YES / NO

IF YES---WHEN?

EDUCATION:

HIGHEST GRADE COMPLETED: _____

POST-SECONDARY EDUCATION: _____ GRADUATE? (Please circle one) YES / NO

WHERE ATTENDED: _____ FIELD OF STUDY _____

OTHER CERTIFICATES/DEGREES EARNED:

WORK EXPERIENCE:

LIST BELOW LAST FIVE EMPLOYERS, STARTING WITH THE MOST RECENT

DATE MONTH & YEAR	NAME & ADDRESS OF EMPLOYER	SALARY START/FINAL	POSITION HELD	REASON FOR LEAVING	MAY WE CONTACT? Phone#
FROM: TO:					YES NO
FROM: TO:					YES NO
FROM: TO:					YES NO
FROM: TO:					YES NO
FROM: TO:					YES NO

Other skills qualifications you wish to add? (A PERSONAL RESUME MAY BE ATTACHED IF YOU SO DESIRE)

REFERENCES: PLEASE GIVE CONTACT INFORMATION OF 3 BUSINESS REFERENCES THAT YOU HAVE KNOWN FOR AT LEAST 6 MONTHS

NAME	ADDRESS	BUSINESS	Length of time known & Phone number

COMPLETE IF APPLICABLE:

OFFICE MACHINES: _____

SOFTWARE FAMILIARITY: _____

TYPING SPEED _____ W.P.M.

FACTORY MACHINES YOU CAN OPERATE: _____

MILITARY:

HAVE YOU SERVED IN THE ARMED FORCES? YES-----NO

BRANCH/COUNTRY _____

FROM: _____

TO: _____

AUTHORIZATION:

"I CERTIFY THAT THE FACTS CONTAINED IN THIS APPLICATION ARE TRUE AND COMPLETE TO THE BEST OF MY KNOWLEDGE AND UNDERSTAND THAT, IF EMPLOYED, FALSIFIED STATEMENT ON THIS APPLICATION SHALL BE GROUNDS FOR DISMISSAL.

I AUTHORIZE INVESTIGATION OF ALL STATEMENTS CONTAINED HEREIN AND THE REFERENCES AND EMPLOYERS LISTED ABOVE TO GIVE YOU ANY AND ALL INFORMATION CONCERNING MY PREVIOUS EMPLOYMENT AND ANY PERTINENT INFORMATION THEY MAY HAVE, PERSONAL OR OTHERWISE, AND RELEASE THE COMPANY FROM ALL LIABILITY FOR ANY DAMAGE THAT MAY RESULT FROM UTILIZATION OF SUCH INFORMATION.

I ALSO UNDERSTAND AND AGREE THAT NO REPRESENTATIVE OF THE COMPANY HAS ANY AUTHORITY TO ENTER INTO ANY AGREEMENT FOR EMPLOYMENT FOR ANY SPECIFIED PERIOD OF TIME, OR TO MAKE ANY AGREEMENT CONTRARY TO THE FOREGOING, UNLESS IT IS IN WRITING AND IS SIGNED BY AN AUTHORIZED COMPANY REPRESENTATIVE.

THIS WAIVER DOES NOT PERMIT THE RELEASE OF USE OF DISABILITY-RELATED OR MEDICAL INFORMATION IN A MANNER PROHIBITED BY THE AMERICANS WITH DISABILITIES ACT (ADA) AND OTHER RELEVANT FEDERAL AND STATE LAWS."

TODAY'S DATE: ____/____/____

(APPLICANT NAME) _____

THANK YOU FOR YOUR INTEREST IN FrenchCreek Production

Please fill out all areas of this application. You may fax-mail-or email a your completed application to:

HR Director

626 13th St.

Franklin, PA 16323

Fax: 814-437-2544

Email: bsiar@velocity.net

NO PHONE CALLS PLEASE