

APPLICATION FOR EMPLOYMENT

THE MILNES CO., INC.
12 Frear Hill Road
Tunkhannock, PA 18657
(570) 836-1833

APPLICANT INFORMATION

Today's Date:	Social Security No.:
Driver's License No.:	Driver's License Expiration Date:
Last Name:	First: Middle:
Address:	
Daytime Phone:	ext. Eve. Phone

EMPLOYMENT DESIRED

Position you are applying for:

Summarize special skills, qualifications, machines operated:

GENERAL

Date you can start:	Hours available:
Salary desired:	Referred by:
Do you have reliable transportation? <input type="checkbox"/> YES <input type="checkbox"/> NO	License Plate No.:
Contact in case of an emergency:	Relation: Phone:
Are you 18 years or older? <input type="checkbox"/> NO <input type="checkbox"/> YES	
Have you previously applied to this company? <input type="checkbox"/> NO <input type="checkbox"/> YES If "yes", please give date(s) and locations(s)	
Have you ever been convicted of a crime other than minor traffic violations? <input type="checkbox"/> NO <input type="checkbox"/> YES, explain:	

REFERENCE AND JOB HISTORY INFORMATION

Employer:	Supervisor:
Address:	Phone:
Employer:	Supervisor:
Address:	Phone:
Employer:	Supervisor:
Address:	Phone:
Comments:	

Equal Opportunity Employer

Side 2

EDUCATION

	SCHOOL	GRADE COMPLETED	DEG./DIPLOMA
HIGH			
COLLEGE			
TRADE/OTHER			

"As a condition of employment with The Milnes Company, Inc., I agree to undergo drug testing. The Milnes Company, Inc. will schedule and pay for testing at Tyler Memorial Hospital. I understand that if I test positive to illegal drugs I will not be employed by The Milnes Company, Inc."

Date: _____

Signature _____

"I certify that the facts contained in this application are true and complete to the best of my ability and understand that, if employed, falsified statements on this application shall be grounds for dismissal.

I authorize investigation of all statements contained herein and the references 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 all parties from all liability for any damage that may result from furnishing same to you.

I understand and agree that, if hired, my employment is for no definite period and may, regardless of the date of payment of my wages and salary, be terminated at any time without prior notice."

Date: _____

Signature _____

FOR OFFICE USE ONLY

Interviewed by: _____

Date: _____

Interviewed by: _____

Date: _____

Date hired: _____

W-3 information completed? Check when done:

If currently employed, may we contact the current employer? Yes No

NOTES: