



George Junior Republic
we never stop believing®

George Junior Republic

P.O. Box 1058 • Grove City, PA 16127-5058
 Telephone: 724-458-9330 • Fax: 724-458-0912

APPLICATION FOR EMPLOYMENT

This facility is an equal opportunity employer. We recruit, hire, train and promote without discrimination due to race, color, religion, sex, national origin, ancestry, marital or veteran status, age, or disability. No question on this application is asked for the purpose of limiting or excluding any applicant's consideration for employment due to race, color, religion, sex, national origin, ancestry, marital or veteran status, age, or disability.

Please print all required information

Date Completed _____

LAST NAME _____ FIRST NAME _____ MIDDLE INITIAL _____

ADDRESS (number and street) _____

CITY _____ TWP. _____ STATE _____ ZIP CODE _____

TELEPHONE NUMBER () AREA CODE	ALTERNATE NUMBER YOU MAY BE CONTACTED AT () AREA CODE	SOCIAL SECURITY NUMBER
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Have you been previously employed here? Yes No If yes, when? _____

If you are under 18 years of age, can you provide required proof of your eligibility to work? Yes No

Are you currently on "lay-off" status and subject to recall? Yes No

REFERRAL SOURCE

Advertisement Friend Walk-In Name of Source (if applicable) _____
 Employment Agency Relative Other

DRIVING INFORMATION

CURRENT VALID DRIVER'S LICENSE		
Number		State
Expiration Date		
Month	Day	Year

Has your driver's license ever been suspended?

Yes No

If "Yes" give details. _____

POSITION OR TYPE OF WORK DESIRED: _____

EMPLOYMENT DESIRED:

FULL-TIME

SUMMER

PART-TIME (SPECIFY DAYS & HOURS PER WEEK)

TEMPORARY

DATE AVAILABLE FOR EMPLOYMENT: _____

WE ARE AN EQUAL OPPORTUNITY EMPLOYER

EMPLOYMENT DATA: List previous/current employment record beginning with the most recent employer (include military service).

FROM (MONTH/YEAR) _____ TO (MONTH/YEAR) _____ LAST SALARY _____	NAME & ADDRESS OF EMPLOYER	IMMEDIATE SUPERVISOR
	NAME _____ ADDRESS _____ _____ ZIP _____ TELEPHONE NUMBER _____	NAME _____ TITLE _____ TELEPHONE NUMBER _____ IF PRESENT EMPLOYER, MAY WE CONTACT? <input type="checkbox"/> YES <input type="checkbox"/> NO

POSITION TITLE: _____ STATUS: FULL-TIME PART-TIME TEMPORARY

DESCRIBE YOUR PRINCIPAL DUTIES OR RESPONSIBILITIES: _____

REASON FOR LEAVING: _____

FROM (MONTH/YEAR) _____ TO (MONTH/YEAR) _____ LAST SALARY _____	NAME & ADDRESS OF EMPLOYER	IMMEDIATE SUPERVISOR
	NAME _____ ADDRESS _____ _____ ZIP _____ TELEPHONE NUMBER _____	NAME _____ TITLE _____ TELEPHONE NUMBER _____ IF PRESENT EMPLOYER, MAY WE CONTACT? <input type="checkbox"/> YES <input type="checkbox"/> NO

POSITION TITLE: _____ STATUS: FULL-TIME PART-TIME TEMPORARY

DESCRIBE YOUR PRINCIPAL DUTIES OR RESPONSIBILITIES: _____

REASON FOR LEAVING: _____

FROM (MONTH/YEAR) _____ TO (MONTH/YEAR) _____ LAST SALARY _____	NAME & ADDRESS OF EMPLOYER	IMMEDIATE SUPERVISOR
	NAME _____ ADDRESS _____ _____ ZIP _____ TELEPHONE NUMBER _____	NAME _____ TITLE _____ TELEPHONE NUMBER _____ IF PRESENT EMPLOYER, MAY WE CONTACT? <input type="checkbox"/> YES <input type="checkbox"/> NO

POSITION TITLE: _____ STATUS: FULL-TIME PART-TIME TEMPORARY

DESCRIBE YOUR PRINCIPAL DUTIES OR RESPONSIBILITIES: _____

REASON FOR LEAVING: _____

FROM (MONTH/YEAR) _____ TO (MONTH/YEAR) _____ LAST SALARY _____	NAME & ADDRESS OF EMPLOYER	IMMEDIATE SUPERVISOR
	NAME _____ ADDRESS _____ _____ ZIP _____ TELEPHONE NUMBER _____	NAME _____ TITLE _____ TELEPHONE NUMBER _____ IF PRESENT EMPLOYER, MAY WE CONTACT? <input type="checkbox"/> YES <input type="checkbox"/> NO

POSITION TITLE: _____ STATUS: FULL-TIME PART-TIME TEMPORARY

DESCRIBE YOUR PRINCIPAL DUTIES OR RESPONSIBILITIES: _____

REASON FOR LEAVING: _____

FROM	TO	EMPLOYER NAME	JOB TITLE	SUPERVISOR'S NAME
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

EDUCATION

HIGH SCHOOL (NAME AND CITY)							GRADUATED <input type="checkbox"/> Yes <input type="checkbox"/> No	
COLLEGE OR OTHER EDUCATIONAL INSTITUTIONS	LOCATION (CITY/STATE)	ATTENDED	DID YOU GRADUATE?	DIPLOMA, DEGREE OR CERTIFICATE	CREDIT HOURS EARNED	MAJOR	MINOR	

SPECIAL SKILLS

PERSONAL COMPUTER
 WORD PROCESSING SPREADSHEET
 DATA ENTRY _____ STROKES PER HOUR
 TYPING _____ WORDS PER MINUTE

SOFTWARE USED:

MACHINERY OPERATED:

LIST SPECIAL SKILLS (MAINTENANCE, FOREIGN LANGUAGE, ETC.): _____

ADDITIONAL INFORMATION

1. LIST ANY MEMBERSHIP(S) IN PROFESSIONAL, JOB-RELATED ORGANIZATIONS:

2. LIST PROFESSIONAL, TECHNICAL, OCCUPATIONAL LICENSES OR CERTIFICATES:

3. LIST AWARDS, COMMENDATIONS OR OTHER RECOGNITION RECEIVED FOR OUTSTANDING ACHIEVEMENT IN SCHOOL, MILITARY SERVICE, YOUR WORK:

4. PROVIDE ANY FURTHER INFORMATION WHICH MAY BE HELPFUL IN CONSIDERING YOUR QUALIFICATIONS:

REFERENCES

LIST THREE RESPONSIBLE ADULTS WHO HAVE KNOWN YOU FOR AT LEAST THREE YEARS. DO NOT INCLUDE RELATIVES, FORMER OR PRESENT EMPLOYERS.

1. _____
 NAME _____ OCCUPATION _____
 ADDRESS _____ TELEPHONE NUMBER _____

2. _____
 NAME _____ OCCUPATION _____
 ADDRESS _____ TELEPHONE NUMBER _____

3. _____
 NAME _____ OCCUPATION _____