



# EMPLOYMENT APPLICATION.



Chambersburg Waste Paper Co. Inc  
2047 Loop Road/PO Box 975  
Chambersburg, PA 17201

It is the policy of the company to provide equal opportunity with regard to all terms and conditions of employment. The company complies with federal and state laws prohibiting discrimination on the basis of race, color, religion, creed, national origin, gender, disability, veteran status, age or any other protected characteristic.

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

## Employee Information:

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ Middle: \_\_\_\_\_

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Home Phone#: (\_\_\_\_) \_\_\_\_\_ Cell Phone#: (\_\_\_\_) \_\_\_\_\_

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

Social Security #: \_\_\_\_\_ Expected Pay Rate: \$ \_\_\_\_\_

When will you be available to begin work? \_\_\_\_\_

Apart from absences for religious observance, are you available for full-time work?  
\_\_\_\_\_ YES \_\_\_\_\_ NO If not what hours can you work? \_\_\_\_\_

Will you work overtime if asked? \_\_\_\_\_ YES \_\_\_\_\_ NO

Are you legally eligible for employment in the United States? \_\_\_\_\_

Have you ever been convicted of any crimes in the past ten years, excluding misdemeanors and summary offenses, which have not been annulled, expunged or sealed by a court? \_\_\_\_\_ Yes \_\_\_\_\_ NO  
If YES describe in full:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Have you ever been bonded? \_\_\_\_\_ YES \_\_\_\_\_ NO If "YES" with what employers? \_\_\_\_\_

\_\_\_\_\_

**EDUCATION: Please Provide Name & Location of all that Apply**

---

Graduate: \_\_\_\_\_ Course of Study \_\_\_\_\_

Did you graduate? \_\_\_\_ YES \_\_\_\_ NO

College: \_\_\_\_\_ Course of Study \_\_\_\_\_

Did you graduate? \_\_\_\_ YES \_\_\_\_ NO

Business/Technical Training: \_\_\_\_\_ Course of Study \_\_\_\_\_

Did you graduate? \_\_\_\_ YES \_\_\_\_ NO

High School: \_\_\_\_\_

Did you graduate? \_\_\_\_ YES \_\_\_\_ NO

**Military:**

Did you serve in U.S Armed Forces? \_\_\_\_ YES \_\_\_\_ NO If "YES" what Branch \_\_\_\_\_

Describe any training received relevant to the position for which you are applying:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**PAST EMPLOYMENT:**

---

Company Name: \_\_\_\_\_

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

Position: \_\_\_\_\_ Supervisor: \_\_\_\_\_ Hourly rate/salary \$ \_\_\_\_\_

Phone#: (\_\_\_\_) \_\_\_\_\_ Dates of Employment- from \_\_\_/\_\_\_ to \_\_\_/\_\_\_

Describe your Work: \_\_\_\_\_

Reason for Leaving: \_\_\_\_\_

Company Name: \_\_\_\_\_

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

Position: \_\_\_\_\_ Supervisor: \_\_\_\_\_ Hourly rate/salary \$ \_\_\_\_\_

Phone#: (\_\_\_\_) \_\_\_\_\_ Dates of Employment- from \_\_\_/\_\_\_ to \_\_\_/\_\_\_

Describe your Work: \_\_\_\_\_

Reason for Leaving: \_\_\_\_\_

Company Name: \_\_\_\_\_

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

Position: \_\_\_\_\_ Supervisor: \_\_\_\_\_ Hourly rate/salary \$ \_\_\_\_\_

Phone#: (\_\_\_\_) \_\_\_\_\_ Dates of Employment- from \_\_\_/\_\_\_ to \_\_\_/\_\_\_

Describe your Work: \_\_\_\_\_

Reason for Leaving: \_\_\_\_\_

Company Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
Position: \_\_\_\_\_ Supervisor: \_\_\_\_\_ Hourly rate/salary \$ \_\_\_\_\_  
Phone#: (\_\_\_\_) \_\_\_\_\_ Dates of Employment- from \_\_\_\_/\_\_\_\_ to \_\_\_\_/\_\_\_\_  
Describe your Work: \_\_\_\_\_  
Reason for Leaving: \_\_\_\_\_

Other special training of skills (languages, machine operation, etc.) Additional Information:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**APPLICANT'S SIGNATURE:**

Please read and understand this statement before signing your application:

The information I have provided in this Application for Employment is true, correct and complete. False, incomplete or misrepresented information of any kind, will be sufficient cause for my application to be rejected or, if discovered after I am employed, cause for immediate termination of my employment.

I authorize the employer to contact and obtain information about me from previous employer to contact and obtain information about me from previous employers, educational institutions and "references" I provided, any other party necessary to verify the accuracy of information I disclosed in this application, a related employment resume of a personal interview. To assist in the processing of my Applications, I waive all rights to claims I may evaluate my employment request and all other persons, corporations or organizations who provide information for this purpose.

This application will expire in 30 days. After that date, unless otherwise notified, I understand that my status as an applicant will end. I may re-apply for employment in the future by completing a new application.

This application is not an employment agreement. If I accept an offer of employment I understand I may resign at any time, and the employer may terminate my employment at any time with or without cause and with our prior notice, unless required by law. I understand that no one, other than an executive officer of the employer, has authority to enter into any employment agreement with terms contrary to the foregoing and then only in writing signed by such officer.

I fully understand and accept all terms and conditions in the above statement.

\_\_\_\_\_  
DATE

\_\_\_\_\_  
SIGNATURE