



NON-DOT EMPLOYMENT APPLICATION

Chambersburg Waste Paper Co. Inc
2047 Loop Road
Chambersburg, PA 17202
P: 717-264-4890/F: 717-264-6393



We are an equal opportunity employer and all qualified applicants will receive consideration for employment without regard to race, color, religion, sex, national origin, disability status, protected veteran status, or any other characteristic protected by law.

DATE: _____

Employee Information:

Last Name: _____ First Name: _____ Middle: _____

Home Phone#: (____) _____ Cell Phone#: (____) _____

Position Applied for: _____

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 are you available to work? _____

Will you work overtime if asked? YES NO

Are you eligible to work in the United States? YES NO

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: _____

Phone#: (____) _____ Dates of Employment- from ___/___ to ___/___

Describe your Work: _____

Reason for Leaving: _____

Company Name: _____

Address: _____

Position: _____ Supervisor: _____

Phone#: (____) _____ Dates of Employment- from ___/___ to ___/___

Describe your Work: _____

Reason for Leaving: _____

Company Name: _____

Address: _____

Position: _____ Supervisor: _____

Phone#: (____) _____ Dates of Employment- from ___/___ to ___/___

Describe your Work: _____

Reason for Leaving: _____

Company Name: _____
Address: _____
Position: _____ Supervisor: _____
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 without 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