

## **Employment Application**

Relationship:	Address:	Full Name:	Relationship:	Address:	Full Name:	Relationship:	Address:	Full Name:	Please list th		From:	College/Trade School:	From:	High School:		How did you hear about this position?	Have you beer ten (10) years? If yes, explain:	Have you ever violation in the If yes, explain:	Have you eve	Are you a citi	Position Applied for:	Date Available:	Driver License #:	Phone:	Address:	Full Name:
									Please list three professional references.		То:		То:			<u> </u>	Have you been convicted of a felony in the last ten (10) years?  If yes, explain:	Have you ever been convicted of a traffic violation in the last year?  If yes, explain:	Have you ever worked for this company?	Are you a citizen of the United States?	ed for:		8 #:	City	Street Address	Last
											Did you		Did you				□YES	□ĕs	□ĭš	□¥ES		Social Security No.:	Issuing State:			First
										Refe	Did you graduate?	Address:	Did you graduate?	Address:	Edu		□S	□8		□8		ty No.:	State:			
Years Known:	Phone:	Relationship:	Years Known:	Phone:	Relationship:	Years Known:	Phone:	Relationship:		References	e?   Degree:	98:	e?   Diploma::	85.	Education				If yes, when?	If no, are you authorized to work in the U.S.? $\ \square$		Desired Salary:\$	Class:	State ZIP Code Email	Apartment/Unit #	M.I. Date:

Date:		, co	Signature:
rmation in my application or intervi	I certify that my answers are true and complete to the best of my knowledge. If this application leads to employment, I understand that false or misleading information in my application or interview may result in my release.	I certify that my answers are true and con If this application leads to employment, I u may result in my release.	I certify t If this ap may resu
ities for positive identification any other purposes. I hereby agencies and entities providing st for or release of any of the above	The following information is required by law enforcement agencies and other entities for positive identification purposes when checking public records. It is confidential and will not be used for any other purposes. I hereby release Papillon & Moyer Excavation & Paving, LLC and agents and all persons, agencies and entities providing information or reports about me from any and all liability arising out of the request for or release of any of the above mentioned information or reports.	The following information is required by la purposes when checking public records. I release Papillon & Moyer Excavation & Painformation or reports about me from any mentioned information or reports.	The follo purposes release F informati mentione
use the operator record abstractide, and in accordance with Section of employment only. This affidavit t, Public Law 91-508, as amended r 1 of Public Law 104-208).	I understand that Papillon & Moyer Excavation & Paving, LLC will use the operator record abstract(s) requested pursuant to Section 6114 of the Pennsylvania Vehicle Code, and in accordance with Section 391.23 of the Federal Motor Carrier Safety Regulations for the purpose of employment only. This affidavit is in compliance with Section 604 and 607 of the Fair Credit Reporting Act, Public Law 91-508, as amended by the Consumer Credit Reporting Act of 1996, (Title II, Subtitle D, Chapter 1 of Public Law 104-208).	I understand that Papillon & M requested pursuant to Section 391.23 of the Federal Motor Car in compliance with Section 604 at the Consumer Credit Reporting /	ù
nstitution, information service bures villon & Moyer Excavation & Pavin	I hereby authorize, without reservation, any law enforcement agency, institution, information service bureau, school, employer, reference or insurance company contacted by Papillon & Moyer Excavation & Paving, LLC, or its agent, to furnish the information described in section 1.	I hereby authorize, without reser school, employer, reference or LLC, or its agent, to furnish the ir	4.
shall be as valid as the original. Th	I acknowledge that a telephonic facsimile (fax) or photographic copy shall be as valid as the original. This release is valid for most Federal, State and County agencies.	I acknowledge that a telephonic release is valid for most Federal,	ώ
ted in compliance with the Fede ate laws. According to the Fair Cresuse of information obtained by repending and given the name a	Medical and worker's compensation information will only be requested in compliance with the Federal American's with Disabilities Act, (ADA), and/or any other applicable state laws. According to the Fair Credit Reporting Act, I am entitled to know if employment is denied because of information obtained by my prospective employer from a consumer-reporting agency. If so, I will be notified and given the name and address of the agency or the source, which provided the information.	Medical and worker's compens American's with Disabilities Act, Reporting Act, I am entitled to prospective employer from a co address of the agency or the sou	ю
n investigative consumer report m nabits, performance and experiend that directed by company policy a com public and private sources about the consumer of the consumer report meaning the consumer report mea	In connection with my application for employment, I understand that an investigative consumer report may be requested that will include information as to my character, work habits, performance and experience, along with reasons for termination of past employment. I understand that directed by company policy and consistent with the job described, you may be requesting information from public and private sources about my: worker's compensation injuries, driving record, court record, education, credentials, credit and references.	In connection with my application be requested that will include in along with reasons for terminatic consistent with the job described my: worker's compensation in references.	<del>. `</del>
	Reason for Leaving:	То:	From:
		ilities:	Responsibilities:
Ending Salary:\$	Starting Salary:\$		Job Title:
Supervisor:			Address:
	Reason for Leaving:	То:	From:
		ilities:	Responsibilities:
Ending Salary:\$	Starting Salary:\$		Job Title:
Supervisor:			Address:
Phone:			Company:
	Reason for Leaving:	То:	From:
		ilities:	Responsibilities:
Ending Salary:\$	Starting Salary:\$		Job Title:
Supervisor:			Address:
Phone:	Fievious Emproyment		Company:
	Craviolis Employment		