

# APPLICATION FOR EMPLOYMENT

HR USE ONLY

Company: Quaker Sales Corporation  
Address: P O Box 880  
City: Johnstown, PA 15907

Applicant No. \_\_\_\_\_  
Employee No. \_\_\_\_\_  
Company No. \_\_\_\_\_  
Location \_\_\_\_\_  
Date Employed \_\_\_\_\_

APPLICANT TO COMPLETE ALL INFORMATION REQUESTED  
PLEASE PRINT

In compliance with Federal and State equal employment opportunity laws, qualified applicants are considered for all positions without regard to race, color, religion, sex, national origin, age, marital status, veteran status, non-job related disability, or any other protected group

### Documents Received:

- Resume
- Reference Checks
- Interview Record
- Payroll/Status Change Notice
- Employee Record Card

Date \_\_\_\_\_

Name \_\_\_\_\_ Social Security No. \_\_\_\_\_  
First Middle Last

Present address \_\_\_\_\_  
No. Street City State Zip

Previous address \_\_\_\_\_  
No. Street City State Zip

Telephone Number ( ) \_\_\_\_\_ Email address \_\_\_\_\_

Do you have a legal right to be employed in the United States?  Yes (proof required)  No

Are you over the age of 18?  Yes  No

## COMPANY EXPERIENCE

Have you worked for this company before? \_\_\_\_\_ Dates: From \_\_\_\_\_ To \_\_\_\_\_  
Month/Year Month/Year

Where? \_\_\_\_\_ Rate of Pay \_\_\_\_\_ Position \_\_\_\_\_

Reason for leaving \_\_\_\_\_

## GENERAL

Are you currently employed? \_\_\_\_\_ If not, when was your last day employed? \_\_\_\_\_

Position applying for \_\_\_\_\_  Full Time  Part Time  Temporary  Seasonal

Who referred you? \_\_\_\_\_ Rate of pay expected \_\_\_\_\_

## EDUCATIONAL BACKGROUND

You Type of School	Name and City	Did Graduate?	Course or Major
College			
Technical School			
High School			
Other			

### LIST ALL PRESENT AND PAST EMPLOYMENT, BEGINNING WITH MOST RECENT

**1**

<b>COMPANY NAME</b>	<b>DATES WORKED</b>	<b>POSITION(S) HELD</b>
ADDRESS, CITY, STATE, ZIP	FROM TO	
PHONE NO. ( ) TYPE OF BUSINESS	DUTIES / RESPONSIBILITIES	
NAME OF SUPERVISOR	REASON FOR LEAVING	
BASE GROSS INCOME \$	STARTING WAGE per <input type="checkbox"/> HOUR <input type="checkbox"/> YEAR \$	ENDING/CURRENT per <input type="checkbox"/> HOUR <input type="checkbox"/> YEAR \$
	<input type="checkbox"/> BONUS <input type="checkbox"/> INCENTIVES	AMOUNT RECEIVED \$
		WORK HOURS:

**2**

<b>COMPANY NAME</b>	<b>DATES WORKED</b>	<b>POSITION(S) HELD</b>
ADDRESS, CITY, STATE, ZIP	FROM TO	
PHONE NO. ( ) TYPE OF BUSINESS	DUTIES / RESPONSIBILITIES	
NAME OF SUPERVISOR	REASON FOR LEAVING	
BASE GROSS INCOME \$	STARTING WAGE per <input type="checkbox"/> HOUR <input type="checkbox"/> YEAR \$	ENDING per <input type="checkbox"/> HOUR <input type="checkbox"/> YEAR \$
	<input type="checkbox"/> BONUS <input type="checkbox"/> INCENTIVES	AMOUNT RECEIVED \$
		WORK HOURS:

**3**

<b>COMPANY NAME</b>	<b>DATES WORKED</b>	<b>POSITION(S) HELD</b>
ADDRESS, CITY, STATE, ZIP	FROM TO	
PHONE NO. ( ) TYPE OF BUSINESS	DUTIES / RESPONSIBILITIES	
NAME OF SUPERVISOR	REASON FOR LEAVING	
BASE GROSS INCOME \$	STARTING WAGE per <input type="checkbox"/> HOUR <input type="checkbox"/> YEAR \$	ENDING per <input type="checkbox"/> HOUR <input type="checkbox"/> YEAR \$
	<input type="checkbox"/> BONUS <input type="checkbox"/> INCENTIVES	AMOUNT RECEIVED \$
		WORK HOURS:

**4**

<b>COMPANY NAME</b>	<b>DATES WORKED</b>	<b>POSITION(S) HELD</b>
ADDRESS, CITY, STATE, ZIP	FROM TO	
PHONE NO. ( ) TYPE OF BUSINESS	DUTIES / RESPONSIBILITIES	
NAME OF SUPERVISOR	REASON FOR LEAVING	
BASE GROSS INCOME \$	STARTING WAGE per <input type="checkbox"/> HOUR <input type="checkbox"/> YEAR \$	ENDING per <input type="checkbox"/> HOUR <input type="checkbox"/> YEAR \$
	<input type="checkbox"/> BONUS <input type="checkbox"/> INCENTIVES	AMOUNT RECEIVED \$
		WORK HOURS:

## WORK REFERENCES

NAME	YEARS KNOWN	RELATIONSHIP AND TITLE		
COMPA				
WORK ADDRESS	CITY	STATE	HOME PHONE	WORK PHONE

NAME	YEARS KNOWN	RELATIONSHIP AND TITLE		
COMPA				
WORK ADDRESS	CITY	STATE	HOME PHONE	WORK PHONE

NAME	YEARS KNOWN	RELATIONSHIP AND TITLE		
COMPA				
WORK ADDRESS	CITY	STATE	HOME PHONE	WORK PHONE

NAME	YEARS KNOWN	RELATIONSHIP AND TITLE		
COMPA				
WORK ADDRESS	CITY	STATE	HOME PHONE	WORK PHONE

## SPECIAL SKILLS

Please check the skills for which you have received training:

Word Processing (WPM \_\_\_\_\_)    
  Data Entry    
  10 - Key Calculator

Software Packages: \_\_\_\_\_

Programming Languages: \_\_\_\_\_

Database: \_\_\_\_\_

Manufacturing Equipment: \_\_\_\_\_

Other: \_\_\_\_\_

**APPLICANT MUST READ AND SIGN**

I certify that I have read and understood all of this employment application. It is agreed and understood that the employer or his agents may investigate my background to ascertain any and all information of concern to my employment history, whether same is of record or not, and I release employers and other persons named herein from all liability for any damages on account of furnishing such information. I understand that, as an applicant for a position with this company, I may be asked to demonstrate that I am capable of performing tasks which are pertinent to the job. I also understand that if offered a job, it may be conditioned on the results of a physical examination and drug test.

I further certify that I am a genuine applicant for employment and this application is being submitted solely for the purpose of seeking employment with the employer and for no other reason.

I agree to furnish such additional information and complete such examinations as may be required to complete my employment file.

I also understand that misrepresentation or omission of information or facts may result in my rejection or dismissal.

If hired, I agree to abide by all the rules and policies of the employer.

This certifies that this application was completed by me, and that all entries on it and information in it are true and complete to the best of my knowledge.

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Applicant Signature

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Date

# INVITATION TO IDENTIFY FOR AFFIRMATIVE ACTION PURPOSES

Our company is an equal opportunity employer and does not discriminate in hiring or employment on the basis of race, color, religion, sex, national origin, age, disability, or any other basis prohibited by federal, state, or local law. No question on this form is intended to secure information to be used for such discrimination. The company is required by federal regulations to report information as requested below. Your contribution of this information is completely voluntary and in no way affects the decision regarding your employment opportunity. The information you provide is strictly confidential and will be maintained separate from your application form.

Applicant Name: \_\_\_\_\_ Date: \_\_\_\_\_

Position Applied For: \_\_\_\_\_

## PLEASE CHECK ONE:

- Male
- Female

## INDICATE THE APPROPRIATE RACE/ETHNIC GROUP:

- Hispanic or Latino
- White
- Black or African American
- Asian
- Native Hawaiian or Other Pacific Islander
- American Indian Or Alaska Native
- Two or More races

## HOW WERE YOU REFERRED TO THIS JOB:

- |  |  |
|--|--|
| <input type="checkbox"/> School/College          | <input type="checkbox"/> Walk-In                 |
| <input type="checkbox"/> Advertisement           | <input type="checkbox"/> Advertisement           |
| <input type="checkbox"/> Search Firm             | <input type="checkbox"/> Employee Referral _____ |
| <input type="checkbox"/> State Job Service       | <input type="checkbox"/> Other _____             |
| <input type="checkbox"/> Government Agency _____ |  |