



APPLEBY

HOME IMPROVEMENTS

1520 TROLLEY ROAD • YORK, PA 17408

An Equal Opportunity Employer

EMPLOYMENT APPLICATION PRE EMPLOYMENT QUESTIONNAIRE

To assure your application is properly evaluated all questions must be answered fully and accurately. If more space is needed please attach a separate sheet. You may also attach additional information and/or qualifications that will better assist management when assessing your placement.

In compliance with Federal and State equal employment opportunity laws, qualified applicants are considered for all positions without regard to citizenship, race, color, religion, sex, national origin, age, marital status, or the presence of a non-job related disability.

This Application is valid for 60 days. Application not valid unless completed under the supervision of an authorized company representative.

Please print or type. The application must be fully completed to be considered. Please complete each section, even if you attach a resume. When completed, please review and sign back of application.

VISIT OUR WEB SITE
www.applebysystems.com

BRANCH LOCATIONS
Allentown, PA • West Chester, PA • York, PA

NAME

LAST

FIRST

MIDDLE

DATE

PERSONAL INFORMATION PLEASE PRINT

DATE: _____

NAME: _____
LAST FIRST MIDDLE

PRESENT ADDRESS: _____
STREET CITY STATE ZIP

PERMANENT ADDRESS: _____
STREET CITY STATE ZIP

PHONE NO: _____ EMAIL ADDRESS: _____

ARE YOU AUTHORIZED TO WORK IN THE U.S. ON AN UNRESTRICTED BASIS? YES NO

HAVE YOU BEEN CONVICTED OF OR PLED GUILTY OR NO CONTEST TO A FELONY OR MISDEMEANOR? YES NO
IF YES, PLEASE EXPLAIN: _____

Please note that a "Yes" answer will not automatically disqualify an applicant from employment.

DO YOU HAVE ANY LIMITATIONS REGARDING THE HOURS YOU CAN WORK? _____ WEEK DAY HOURS? YES NO

IF YES, PLEASE EXPLAIN: _____ WEEKEND HOURS? YES NO

EMPLOYMENT DESIRED

POSITION: _____ DATE YOU CAN START: _____ SALARY DESIRED: _____

ARE YOU EMPLOYED NOW? _____ IF SO, MAY WE INQUIRE OF YOUR PRESENT EMPLOYER? _____

ARE YOU CURRENTLY ON LAYOFF STATUS WITH ANOTHER EMPLOYER AND SUBJECT TO RECALL? Yes No

HAVE YOU EVER APPLIED TO THIS COMPANY BEFORE? _____ WHERE? _____ WHEN? _____

DO YOU HAVE ANY FRIENDS OR RELATIVES EMPLOYED BY THIS COMPANY? Yes No IF YES, PLEASE LIST NAMES.

LIST ANY OTHER NAME(S) UNDER WHICH YOU HAVE ATTENDED SCHOOL OR BEEN EMPLOYED:

EDUCATION	NAME & LOCATION OF SCHOOL	# YEARS ATTENDED	DID YOU GRADUATE?	SUBJECTS STUDIED
GRAMMAR SCHOOL				
HIGH SCHOOL				
COLLEGE				
TRADE, BUSINESS, CORRESPONDENCE SCHOOL				

GENERAL

SUBJECTS OF SPECIAL STUDY OR RESEARCH WORK: _____

LIST ANY JOB-RELATED SPECIAL SKILLS, EXPERIENCES OR ACHIEVEMENTS THAT YOU FEEL ARE RELEVANT TO YOUR ABILITY TO BE SUCCESSFUL AT APPLYING: _____

LIST PROFESSIONAL, TRADE, BUSINESS AND CIVIC ACTIVITIES AND OFFICES HELD: _____

(You may exclude membership which would reveal gender, race, religion, national origin, age, ancestry, disability or other protected status)

U.S. MILITARY SERVICES

BRANCH OF SERVICE _____ RANK AT DISCHARGE _____

SPECIAL TRAINING _____

HOW DID YOU HEAR OF US? INTERNET ADVERTISEMENT NEWSPAPER ADVERTISEMENT EMPLOYMENT AGENCY WALK-IN
 FRIEND (name) _____ RELATIVE (name) _____ OTHER _____

EMPLOYMENT HISTORY PLEASE PRINT ACCOUNT FOR ALL EMPLOYMENT, START WITH MOST RECENT

FROM	THRU	EMPLOYER	TYPE OF BUSINESS
ADDRESS		STARTING POSITION/SALARY	FINAL POSITION/SALARY
NAME OF FINAL SUPERIOR		REASON FOR LEAVING	
BRIEF SUMMARY OF DUTIES			

FROM	THRU	EMPLOYER	TYPE OF BUSINESS
ADDRESS		STARTING POSITION/SALARY	FINAL POSITION/SALARY
NAME OF FINAL SUPERIOR		REASON FOR LEAVING	
BRIEF SUMMARY OF DUTIES			

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NAME OF FINAL SUPERIOR		REASON FOR LEAVING	
BRIEF SUMMARY OF DUTIES			

ACCOUNT FOR ANY UNEMPLOYMENT PERIOD OF TWO MONTHS OR MORE SINCE YOU FINISHED SCHOOL IF MORE SPACE IS NEEDED, PLEASE USE A SEPARATE SHEET OF PAPER

FROM	THRU	HOW WAS TIME SPENT?	NAME AND PHONE NUMBER OF A PERSON WHO WILL VERIFY
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PROFESSIONAL REFERENCES: GIVE THE NAMES OF THREE PERSONS NOT RELATED TO YOU FOR WHOM YOU HAVE WORKED.

NAME	PHONE/EMAIL	BUSINESS	YEARS KNOWN
1.			
2.			
3.			

Authorization for release of information and release from liability. I authorize you to verify any of the information given during the application process with appropriate individuals, companies, institutions, or agencies and I authorize them to release such information as you require, including my prior disciplinary employment record, without any obligation to give me written notice of disclosure. I hereby release you and them from any liability whatsoever as a result of such inquiries and disclosures. A photocopy or other electronic reproduction of this authorization / release is binding, and may be relied upon.

SIGNATURE: _____ DATE _____

Important Authorization and Understanding

1. **Completeness and accuracy of information.** I certify that all the information submitted by me on this application is true and complete, and I understand that if any false information, omissions, or misrepresentations are discovered, or if my references are not entirely satisfactory to the Company, my application may be rejected and, if I am already employed, my employment may be terminated for these reasons.
2. **Employment at will.** I understand that if I am employed, I will be an employee at will. I understand and agree that my employment can be terminated, with or without cause, and with or without notice, at anytime, at either my or the company's option
3. **No written, oral, or implied contracts.** I understand that any written Company documents, oral statements, or formal or informal policies are not to be construed as granting an express or implied employment contract and that I am not entitled to rely upon any such documents, statements or Company policies as stating employment terms or company policies as such. I understand that no company representative other than it's president, and then only when in writing and signed by the president, has any authority to enter into any agreement for employment for any specific period of time, or to make any agreement contrary to the foregoing.
4. **Benefits may be altered.** I understand that the Company at its option may change, delete, suspend, or discontinue any part or parts of its benefit program at any time without prior notice, both while persons are actively employed or otherwise separated from employment with the Company.
5. **Post-offer physical evaluation and drug and alcohol screen.** I understand that a pre-employment physical exam and test for drug and alcohol misuse may be required as part of the selection process, and I hereby authorize the release of this exam or test to the company. I hereby consent to the performance of such medical examination and testing. I waive all claims arising out of these procedures against the Company and those performing the examination and tests. I understand and consent that as a condition of continued employment, I will submit to drug and alcohol testing in the future. I authorize the release of any such subsequent testing to the Company and waive all claims against it or those performing the examination or testing. I understand that I will be subject to immediate termination for failing to submit to examination or testing.
6. **Safe work environment.** If an employment relationship is established, I agree to wear or use all protective clothing or devices as may be required by the Company and to comply with all safety policies and procedures.
7. **Driving Record and Insurance.** I understand if Federal or State regulations, insurance or company rules establish special Requirements on this job, I may be required to furnish materials including, but not limited to, proof of age, driver's license, automobile insurance and a driving record clear of major violations.

I acknowledge that I have read and understand the above statement in its entirety, and have had the opportunity to ask questions regarding any aspect of this application, and that I accept the above terms.

Signature of applicant _____ **Date** _____