



**EMPLOYMENT APPLICATION
EQUAL OPPORTUNITY EMPLOYER**

Penn Dixie's policy prohibits discrimination on the basis of race, color, religion, sex, national origin, age, creed, marital status, sexual orientation, genetic predisposition, carrier status, military service, veteran status, physical or mental handicap or disability, arrest/conviction status or other legally protected status in accordance with all applicable federal and state laws.

Please print clearly and complete all information requested. Date: _____

Name: _____

Address: _____ City: _____ State: _____ Zip: _____

Phone: _____ Email: _____

Position Applied For: _____ Salary Range Desired (if not volunteer): _____

Date available for work: _____ Full or Part-Time: _____

If under age 18, do you have a work permit? Yes No

If you are not a United States Citizen, do you have the legal right to work in the United States? Yes No

Are you able to perform the essential functions of the job in which you are applying with or without reasonable accommodation? Yes No If no, please explain: _____

List the names of any relatives employed by Penn Dixie or the Hamburg Natural History Society:

How were you referred to Penn Dixie? _____

EDUCATIONAL BACKGROUND

	SCHOOL NAME	MAJOR	DEGREE?	
			YES	NO
HIGH SCHOOL				
COLLEGE				
GRADUATE				
OTHER				
PROFESSIONAL LICENSE OR CERTIFICATION				

EMPLOYMENT BACKGROUND (List the names of all your employers starting with current or most recent.)

Company Name:	Dates Employed:
Address:	Salary Starting: Ending:
Job Title:	Telephone #:
Name of Supervisor:	Reason for Leaving:
Company Name:	Dates Employed:
Address:	Salary Starting: Ending:
Job Title:	Telephone #:
Name of Supervisor:	Reason for Leaving:
Company Name:	Dates Employed:
Address:	Salary Starting: Ending:
Job Title:	Telephone #:
Name of Supervisor:	Reason for Leaving:

REFERENCES (Please provide the name, email address and/or telephone number of three references who are qualified to evaluate your capabilities and are not related to you.)

NAME	EMAIL	TELEPHONE

AVAILABILITY (If you are not available to work a certain day please put an X in that time slot.)

DAY:	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
TIME:							

APPLICANT'S STATEMENT

I understand that if I am employed, employment is at-will and may be terminated at any time without cause or notice. A routine inquiry may be made which will provide information concerning your job background and qualifications for available positions. Upon written request, information as to the nature and scope of the report, if one is provided, will be made available to you.

I certify the information I have given is accurate and complete to the best of my knowledge. I authorize you to process my application. I further understand that if I am employed, any misrepresentation of facts on this application is sufficient cause for dismissal.

Signed: _____

Date: _____