



# Summit Drywall, Inc

100 York Ave.  
Spring Grove, PA 17362  
717-800-8911-office  
PA #120046

## JOB APPLICATION

Position(s) Applied For \_\_\_\_\_ Date of Application \_\_\_\_\_  
Last Name \_\_\_\_\_ First Name \_\_\_\_\_ Middle Initial \_\_\_\_\_  
Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_  
Telephone Number(s) \_\_\_\_\_

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Have you lived at above address for three or more years? Yes \_\_\_\_\_ No \_\_\_\_\_

Previous Address \_\_\_\_\_

List other name(s) under which you were employed or attended school \_\_\_\_\_

If you are under 18 years of age, can you provide required proof of your eligibility to work? Yes\_\_\_ No\_\_\_

Note: Proof of citizenship or immigration status will be required upon employment. (An I-9 form must be completed.)

How did you learn about us? \_\_\_\_\_ Advertisement \_\_\_\_\_ Employment Agency  
\_\_\_\_\_ Friend/Relative \_\_\_\_\_ Other

Have you ever filed an application with us before? Yes \_\_\_\_\_ No \_\_\_\_\_ If yes, give date \_\_\_\_\_

Are you currently employed? Yes \_\_\_\_\_ No \_\_\_\_\_

May we contact your present employer? Yes \_\_\_\_\_ No \_\_\_\_\_

Are you currently on "lay-off" status and subject to recall? Yes \_\_\_\_\_ No \_\_\_\_\_

Have you ever been convicted of, or pled guilty or no contest to a misdemeanor or a felony such as fraud, embezzlement or misappropriation of funds, or false use of financial instruments, or of any other crime involving honesty? (An affirmative answer will not necessarily preclude employment.) Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, give date, place, charge, and disposition \_\_\_\_\_

Note: A criminal background check may be conducted by the Pennsylvania State Police as required by Act 34. Employees may be required to complete Pennsylvania Child Abuse History Clearance forms as required by Act 151.

Do you have any limitations regarding hours that you can work? Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, explain \_\_\_\_\_

Do you have any travel restrictions? Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, explain \_\_\_\_\_

Do you have a current Driver's License? Yes \_\_\_\_\_ No \_\_\_\_\_

If yes: State \_\_\_\_\_ License No. \_\_\_\_\_ Class \_\_\_\_\_ Expiration Date \_\_\_\_\_

Do you have transportation? Yes \_\_\_\_\_ No \_\_\_\_\_

List all moving motor violations (other than parking) for the last three years \_\_\_\_\_

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Do you have a current:

First Aid Certification Yes \_\_\_ No \_\_\_ Exp. Date \_\_\_\_\_ Certifying Agency \_\_\_\_\_

CPR Certification Yes \_\_\_ No \_\_\_ Exp. Date \_\_\_\_\_ Certifying Agency \_\_\_\_\_

OSHA 10 Hour Construction Safety Certification Yes \_\_\_\_\_ No \_\_\_\_\_

U.S. Military Service

Branch of Service \_\_\_\_\_ Length of Service \_\_\_\_\_ Rank/Rate At Discharge \_\_\_\_\_

Are you a member of the Armed Services Reserve? Yes \_\_\_\_\_ No \_\_\_\_\_

Do you have any friends or relatives employed by this company? Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, list names \_\_\_\_\_

When are you available for work \_\_\_\_\_ Wage desired \_\_\_\_\_

Note to Applicants: DO NOT ANSWER THE FOLLOWING QUESTION UNLESS YOU HAVE BEEN INFORMED ABOUT THE REQUIREMENTS OF THE JOB FOR WHICH YOU ARE APPLYING.

Are you fully able, with or without reasonable accommodation, to perform the essential functions of the job for which you applied? Yes \_\_\_\_\_ No \_\_\_\_\_

Describe how you would perform the job with or without a reasonable accommodation \_\_\_\_\_

EDUCATION	Name and Address of School	Course of Study	Yrs. Completed	Diploma/Degree
High School or GED				
College				
Trade School				
Apprenticeship				
Military				
Correspondence				

Other (Specify)				
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**EMPLOYMENT EXPERIENCE:** (If you need additional space, please continue on a separate sheet of paper.)

Start with your present or last job. Include all employment and be complete, including any job-related military service assignments and volunteer activities. You may exclude organizations that indicate age, race, color, religion, gender, national origin, disability or other protected status.

Employer Name \_\_\_\_\_ Telephone No. \_\_\_\_\_

Employer Address \_\_\_\_\_

Start Date \_\_\_\_\_ Starting Salary/Wage \_\_\_\_\_ Starting Position \_\_\_\_\_

End Date \_\_\_\_\_ Ending Salary/Wage \_\_\_\_\_ Position at Time of Leaving \_\_\_\_\_

Name and Title of Supervisor \_\_\_\_\_

Reason for Leaving \_\_\_\_\_

Brief Description of Your Responsibilities \_\_\_\_\_

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Employer Address \_\_\_\_\_

Start Date \_\_\_\_\_ Starting Salary/Wage \_\_\_\_\_ Starting Position \_\_\_\_\_

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Name and Title of Supervisor \_\_\_\_\_

Reason for Leaving \_\_\_\_\_

Brief Description of Your Responsibilities \_\_\_\_\_

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List professional, trade, business civic activities and offices held. (You may exclude membership that would reveal gender, race, religion, national origin, age, ancestry, disability or other protected status.)

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References: (Do not list relatives or employers.)

Name	Address	Telephone

Signature: \_\_\_\_\_ Date: \_\_\_\_\_