



**DeGol Brothers, L.P.**  
 851 Plank Road  
 Duncansville, PA 16635  
 (814) 695-1111



**APPLICATION FOR EMPLOYMENT**

Please **TYPE** or **PRINT** clearly. To be considered for employment, this *Employment Application* must be completed and signed personally by the applicant. Each question must be answered in full, even if a resume is provided. If an answer is NO or NOT APPLICABLE, indicate such.

We are an **Equal Opportunity Employer**. We consider all applications for all positions without regard to race, religion, creed, color, sex, age, national origin, disability, sexual orientation, marital or familial status, pregnancy, military status, veteran status, predisposing genetic characteristics or carrier status, arrest or conviction record, domestic violence victim status, or any other protected class or status. Applicants requiring a reasonable accommodation to participate in the application and/or interviewing process should notify an organization representative.

POSITION (S) APPLIED FOR \_\_\_\_\_ DATE OF APPLICATION \_\_\_\_/\_\_\_\_/\_\_\_\_

NAME \_\_\_\_\_ PHONE NUMBER (\_\_\_\_) \_\_\_\_\_  
 LAST FIRST MIDDLE

ADDRESS \_\_\_\_\_  
 STREET CITY STATE ZIP CODE

Are you Available to Work all that apply)	Full-Time	Part-Time	Temporary (check	Date Available to Begin Work
Are you 18 years of age or older?				Yes No
Are you currently employed?	Yes	No	If yes, may we contact your employer to obtain employment information?	Yes No
Have you ever submitted an application and/or interviewed for employment with our organization? If yes, give month and year	____/____			Yes No
Have you ever been employed with our organization before? If yes, give dates. From	____/____/____ to ____/____/____			Yes No
Are you legally eligible for employment in the United States? <i>Employment eligibility will be verified upon employment.</i>				Yes No
If you have had an opportunity to review a job description for the position for which you are applying, can you perform the essential functions of this job with or without reasonable accommodation? (check N/A if you have not reviewed a job description)				Yes No N/A

**EMPLOYMENT HISTORY**

**LIST YOUR LAST THREE (3) EMPLOYERS INCLUDING MILITARY SERVICE STARTING WITH THE MOST RECENT.**

FROM \_\_\_\_\_ TO \_\_\_\_\_ EMPLOYER \_\_\_\_\_ TELEPHONE (\_\_\_\_) \_\_\_\_\_  
 JOB TITLE \_\_\_\_\_ ADDRESS \_\_\_\_\_  
 SUPERVISOR \_\_\_\_\_ JOB DUTIES \_\_\_\_\_  
 REASON FOR LEAVING \_\_\_\_\_ HOURLY RATE/SALARY START \$ \_\_\_\_\_ PER \_\_\_\_\_ FINAL \$ \_\_\_\_\_ PER \_\_\_\_\_

FROM \_\_\_\_\_ TO \_\_\_\_\_ EMPLOYER \_\_\_\_\_ TELEPHONE (\_\_\_\_) \_\_\_\_\_  
 JOB TITLE \_\_\_\_\_ ADDRESS \_\_\_\_\_  
 SUPERVISOR \_\_\_\_\_ JOB DUTIES \_\_\_\_\_  
 REASON FOR LEAVING \_\_\_\_\_ HOURLY RATE/SALARY START \$ \_\_\_\_\_ PER \_\_\_\_\_ FINAL \$ \_\_\_\_\_ PER \_\_\_\_\_

FROM \_\_\_\_\_ TO \_\_\_\_\_ EMPLOYER \_\_\_\_\_ TELEPHONE (\_\_\_\_) \_\_\_\_\_  
 JOB TITLE \_\_\_\_\_ ADDRESS \_\_\_\_\_  
 SUPERVISOR \_\_\_\_\_ JOB DUTIES \_\_\_\_\_  
 REASON FOR LEAVING \_\_\_\_\_ HOURLY RATE/SALARY START \$ \_\_\_\_\_ PER \_\_\_\_\_ FINAL \$ \_\_\_\_\_ PER \_\_\_\_\_

## SKILLS AND QUALIFICATIONS

List any additional skills, training, trade, and/or technical/professional knowledge that is relevant to the job for which you are applying:	List any certificates, licenses, or professional achievements that would support your qualifications for employment:
Drivers' License Identification Number: (Provide your driver's license ID number ONLY if it is a requirement of the position for which you are applying)	State of Issuance:

## EDUCATIONAL BACKGROUND

TYPE OF SCHOOL ATTENDED	NAME AND LOCATION OF SCHOOL	COURSE OF STUDY	DID YOU GRADUATE?	DIPLOMA OR DEGREE EARNED	GPA
HIGH SCHOOL			<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> None <input type="checkbox"/> Diploma <input type="checkbox"/> GED	
COLLEGE			<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> None <input type="checkbox"/> Associate <input type="checkbox"/> Bachelor	

## REFERENCES

NAME	TELEPHONE	YEARS KNOWN
_____	(____) _____	_____
_____	(____) _____	_____
_____	(____) _____	_____

## CONVICTION RECORD STATUS

All applicants and employees must, as a condition of employment, inform the organization of all convictions. This includes all convictions received within the past seven years, while your application for employment is pending, and within seven days of receiving a conviction if currently employed.

Have you been convicted of, and/or plead guilty to, a felony or misdemeanor in the past seven years?      Yes      No

If you answered 'yes' and have been convicted of a felony or misdemeanor, please provide additional information below, such as the crime(s), date(s), court location, sentencing information, disposition of sentence, and rehabilitation completed. Please note that a 'yes' answer to this question does not necessarily disqualify an applicant for employment. Rather, such factors as age and date of conviction, seriousness and nature of the crime as it relates to the job applied for, and rehabilitation will be considered. The organization reserves the right to reject individuals for employment based on job-related convictions.

Date of Offense	County and State in which Offense Occurred	Conviction/Explanation	Rehabilitation Completed

## PLEASE READ CAREFULLY AND SIGN BELOW

I hereby certify that all of the information I have provided on this *Employment Application* is true and correct to the best of my knowledge. I understand that any misrepresentation or omission of facts will disqualify me from further consideration of employment, withdrawal of any offer of employment, or, termination of employment, if already hired.

I authorize verification of all of the information I have provided on this *Employment Application* and understand that additional information may be needed to consider my application for employment. I authorize all previous employers, educational institutions, references, and other persons who have knowledge of me or my records to provide any and all information pertinent to my employment and release the same from any liability resulting from providing such information. I also release this organization and all of its employees from all liability for any damage that may result from reliance on the information furnished.

I understand that if employed, I agree to abide by all policies, procedures, rules, and regulations of the organization. I also understand and agree that, if hired, my employment is "at-will" and is for no definite period and may, regardless of the date of payment of my wages or salary, be terminated by myself or the organization at any time with or without cause or notice.

SIGNATURE OF APPLICANT \_\_\_\_\_

DATE \_\_\_\_/\_\_\_\_/\_\_\_\_