



48 Sunset Avenue  
 Chalfont, PA 18914  
**(215) 997-6880**  
 Fax: (215) 997-2330  
 www.EstatesChimney.com

# EMPLOYMENT APPLICATION

APPLICANT INFORMATION									
Last Name		First			M.I.		Date		
Street Address					Apartment/Unit #				
City			State		ZIP				
Phone			Date of Birth		Mar. Status		Dependents		
Date Available		Social Security #			Desired Salary				
Position Applied for									
Are you a citizen of the United States?			YES <input type="checkbox"/>	NO <input type="checkbox"/>	If no, are you authorized to work in the U.S.?			YES <input type="checkbox"/>	NO <input type="checkbox"/>
Have you ever worked for this company?			YES <input type="checkbox"/>	NO <input type="checkbox"/>	If so, when?				
Have you ever been charged with or convicted of a felony or misdemeanor?			YES <input type="checkbox"/>	NO <input type="checkbox"/>	If yes, explain				
Traffic Violations, Points or Suspensions									
Transportation		YES <input type="checkbox"/>	NO <input type="checkbox"/>	Have your own car?		YES <input type="checkbox"/>	NO <input type="checkbox"/>	DL #	
In case of an emergency:		Name			Phone		Relationship		
Skills (electrical, masonry, mechanical, carpentry, etc.)									
Fear of heights?		YES <input type="checkbox"/>	NO <input type="checkbox"/>						
Hobbies and Interests									
How did you hear about us?									
HEALTH HISTORY									
Recurring Illnesses					Last Date Hospitalized				
Previous Broken Bones:		Arm <input type="checkbox"/>	Leg <input type="checkbox"/>	Foot <input type="checkbox"/>	Other:				
Previous Injuries:		Shoulder <input type="checkbox"/>	Knee <input type="checkbox"/>	Back <input type="checkbox"/>	Foot <input type="checkbox"/>	Other:			
Previous Surgeries:									
Are you currently taking any prescription drugs? YES <input type="checkbox"/> NO <input type="checkbox"/>									
If yes, please list:									
If no, have you taken any prescription drugs in the last six months? YES <input type="checkbox"/> NO <input type="checkbox"/>									
If yes, please list:									
EDUCATION									
High School				City, State					
From		To	Did you graduate?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	Courses Studied			
Additional Education				City, State					
From		To	Did you graduate?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	Courses Studied			
Are you currently in school?		YES <input type="checkbox"/>	NO <input type="checkbox"/>						

**REFERENCES***Please list two professional references (other than relatives and friends).*

Full Name		Relationship	
Years Known		Phone	
Full Name		Relationship	
Years Known		Phone	

**PREVIOUS EMPLOYMENT**

Company		Phone	
Address		Supervisor	
Job Title		Starting Salary	\$
		Ending Salary	\$
Responsibilities			
From		To	
Reason for Leaving			
May we contact your previous supervisor for a reference?		YES <input type="checkbox"/>	NO <input type="checkbox"/>
Company		Phone	
Address		Supervisor	
Job Title		Starting Salary	\$
		Ending Salary	\$
Responsibilities			
From		To	
Reason for Leaving			
May we contact your previous supervisor for a reference?		YES <input type="checkbox"/>	NO <input type="checkbox"/>

**MILITARY SERVICE**

Branch		From		To	
Rank at Discharge		Type of Discharge			
If other than honorable, explain					

**DISCLAIMER AND SIGNATURE**

I certify that my answers are true and complete to the best of my knowledge. I understand that by submitting this application for employment, Estates Chimney Sweep, Inc. will verify the information I have provided in my application and interview, and upon hire, I could be subject to random drug testing.

If this application leads to employment, I understand that false or misleading information in my application or interview may result in my release.

Signature		Date	
-----------	--	------	--