



117 Buck Road  
Holland, PA 18966  
**(267) 685-0530**  
Fax: (267) 685-0531

# 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"/>			

<b>REFERENCES</b>			
<i>Please list two professional references (other than relatives and friends).</i>			
Full Name		Relationship	
Years Known		Phone	
Full Name		Relationship	
Years Known		Phone	

<b>PREVIOUS EMPLOYMENT</b>							
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"/>		

<b>MILITARY SERVICE</b>					
Branch				From	To
Rank at Discharge				Type of Discharge	
If other than honorable, explain					

<b>DISCLAIMER AND SIGNATURE</b>	
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 and Fireplace, LLC 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