



1 South 3rd Street
Easton, PA 18042

EQUAL OPPORTUNITY EMPLOYER

APPLICATION FOR POSITION AS

Accounting and Revenue Supervisor

DATE TODAY / /

| | | | | |
|--------------|-------|--------|---------------------|---------------------|
| LAST NAME | FIRST | MIDDLE | SOCIAL SECURITY NO. | RESIDENCE PHONE NO. |
| HOME ADDRESS | | CITY | STATE | ZIP CODE |

| | | | | |
|---------------------------|---------------------------|---|--|---|
| DATE ABLE TO START / / | SALARY EXPECTED \$ per | IF NOT A U.S. CITIZEN, DESCRIBE YOUR VISA AND ITS EXPIRATION DATE | ARE YOU PERMITTED TO WORK IN THE U.S. UNDER THIS VISA? <input type="checkbox"/> YES <input type="checkbox"/> NO | IF THE POSITION FOR WHICH YOU ARE APPLYING REQUIRES OPERATION OF A MOTOR VEHICLE, DO YOU HAVE THE PROPER DRIVER'S LICENSE <input type="checkbox"/> YES <input type="checkbox"/> NO |
|---------------------------|---------------------------|---|--|---|

EDUCATION

| | ELEMENTARY SCHOOL | HIGH SCHOOL | UNDERGRADUATE COLLEGE/UNIVERSITY | GRADUATE/ PROFESSIONAL |
|--------------------------|-------------------|-------------|----------------------------------|------------------------|
| SCHOOL NAME AND LOCATION | | | | |
| YEARS COMPLETED (circle) | 4 5 6 7 8 | 9 10 11 12 | 1 2 3 4 | 1 2 3 4 |
| DIPLOMA/DEGREE | | | | |
| DESCRIBE COURSE OF STUDY | | | | |

SPECIALIZED TRAINING, APPRENTICESHIP, EXTRACURRICULAR ACTIVITIES

ARE YOU ABLE WITH OR WITHOUT ACCOMMODATIONS TO PERFORM ALL OF THE FUNCTIONS OF THE JOB FOR WHICH YOU ARE APPLYING? YES NO

IF APPLICABLE, DESCRIBE ACCOMMODATION: _____

SPECIAL JOB-RELATED SKILLS AND QUALIFICATIONS FROM EMPLOYMENT OR OTHER EXPERIENCE

HAVE YOU EVER BEEN CONVICTED OF A CRIME? CONVICTION WILL NOT NECESSARILY DISQUALIFY YOU FROM EMPLOYMENT. YES NO

IF YES, PLEASE EXPLAIN: _____

MILITARY SERVICE

| | | |
|------------------------------------|----------------------|--------------|
| BRANCH OF SERVICE | DATES OF ACTIVE DUTY | HIGHEST RANK |
| DESCRIBE THE NATURE OF YOUR DUTIES | | |

EMPLOYMENT HISTORY

LIST IN ORDER BEGINNING WITH THE MOST RECENT

| | | |
|---------------------------------------|------------|--|
| EMPLOYER | START DATE | STARTING SALARY |
| | END DATE | ENDING SALARY |
| ADDRESS | PHONE | MAY WE CONTACT THIS EMPLOYER? <input type="checkbox"/> YES <input type="checkbox"/> NO |
| NAME AND TITLE OF SUPERVISOR | | |
| LIST POSITION AND DUTIES | | |
| REASON FOR LEAVING / WISHING TO LEAVE | | |

| | | |
|------------------------------|------------|--|
| EMPLOYER | START DATE | STARTING SALARY |
| | END DATE | ENDING SALARY |
| ADDRESS | PHONE | MAY WE CONTACT THIS EMPLOYER? <input type="checkbox"/> YES <input type="checkbox"/> NO |
| NAME AND TITLE OF SUPERVISOR | | |
| LIST POSITION AND DUTIES | | |
| REASON FOR LEAVING | | |

| | | |
|------------------------------|------------|--|
| EMPLOYER | START DATE | STARTING SALARY |
| | END DATE | ENDING SALARY |
| ADDRESS | PHONE | MAY WE CONTACT THIS EMPLOYER? <input type="checkbox"/> YES <input type="checkbox"/> NO |
| NAME AND TITLE OF SUPERVISOR | | |
| LIST POSITION AND DUTIES | | |
| REASON FOR LEAVING | | |

REFERENCES

(OTHER THAN RELATIVES OR PREVIOUS EMPLOYERS)

Providing this information means that you give this organization permission to contact the references given

| | Name | Address | Telephone No. | Years Known |
|----|-------|---------|---------------|-------------|
| 1. | _____ | _____ | _____ | _____ |
| 2. | _____ | _____ | _____ | _____ |

THIS APPLICATION SHALL BE CONSIDERED ACTIVE FOR NO MORE THAN 6 MONTHS. AFTER THAT TIME, APPLICANTS WILL BE REQUIRED TO RESUBMIT A COMPLETED APPLICATION. THE APPLICANT UNDERSTANDS THAT NEITHER THIS DOCUMENT NOR ANY OFFER OF EMPLOYMENT CONSTITUTES AN EMPLOYMENT CONTRACT.

I certify that answers given in this application are true and complete to the best of my knowledge. I authorize investigation into all statements I have made on this application as may be necessary for reaching an employment decision. In the event I am employed, I understand that any false or misleading information I knowingly provided in my application or interview(s) may result in discharge and/or legal action. I understand also if employed, I am required to abide by all rules and regulations of the employer.

Signature _____

Date _____