



4873 DIVISION HWY
EAST EARL, PA 17519
(717) 351-5358
(717) 351-5676 FAX
WWW.WEAVERCO.COM

APPLICATION FOR EMPLOYMENT

Weaver Companies, Inc. is an equal opportunity employer and does not discriminate against otherwise qualified applicants on the basis of race, color, creed, religion, ancestry, age, sex, marital status, national origin, disability or handicap, or veteran status.

APPLICANT INFORMATION

Full Name			Today's Date	
Street Address			Apartment/Unit #	
City		State	ZIP	
Home Phone		Cell Phone	Work Phone	
Date Available	Drivers Lic. # (optional)		Desired Salary	Per hour <input type="checkbox"/> Per year <input type="checkbox"/>
E-mail Address				
Position Applied for			FT <input type="checkbox"/>	PT <input type="checkbox"/> Temp <input type="checkbox"/>
Referral Source	Employee <input type="checkbox"/>	Relative <input type="checkbox"/>	Advertisement <input type="checkbox"/>	School <input type="checkbox"/> Government <input type="checkbox"/> Emp. Agency <input type="checkbox"/> Other <input type="checkbox"/>
If referred by an employee, please list the employee's name:		Are you on lay-off and subject to recall? YES <input type="checkbox"/> NO <input type="checkbox"/>		
How much overtime are you comfortable with? hrs/wk		Are you legally 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?	

EDUCATION

High School		City, ST	
	Did you graduate?	YES <input type="checkbox"/> NO <input type="checkbox"/>	Degree
College		City, ST	
DATES From: To:	Did you graduate?	YES <input type="checkbox"/> NO <input type="checkbox"/>	Degree
Vocational/ Technical		City, ST	
DATES From: To:	Did you graduate?	YES <input type="checkbox"/> NO <input type="checkbox"/>	Degree
Other: please list any seminars, classes or other education not listed above which may help qualify you for this position.			

REFERENCES: <i>please list three supervisor references.</i>			
Full Name		Relationship	
Company		Phone	
City, ST		Email	
Full Name		Relationship	
Company		Phone	
City, ST		Email	
Full Name		Relationship	
Company		Phone	
City, ST		Email	
PREVIOUS EMPLOYMENT/ASSIGNMENTS: <i>please list your last 5 employers, assignments or volunteer activities, starting with the most recent. Please explain any gaps in employment in the comments section below.</i>			
Company		Phone	
Address			
Immediate Supervisor Name & Title		Email address of supervisor	
Primary type of business			
Your Job Title			
Responsibilities			
Start Date	End Date	May we contact your previous supervisor for a reference?	YES <input type="checkbox"/> NO <input type="checkbox"/> Later <input type="checkbox"/>
Reason for Leaving			
Company		Phone	
Address			
Immediate Supervisor Name & Title		Email address of supervisor	
Primary type of business			
Your Job Title			
Responsibilities			
Start Date	End Date	May we contact your previous supervisor for a reference?	YES <input type="checkbox"/> NO <input type="checkbox"/> Later <input type="checkbox"/>
Reason for Leaving			

Company		Phone		
Address				
Immediate Supervisor Name & Title		Email address of supervisor		
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Reason for Leaving				
Company		Phone		
Address				
Immediate Supervisor Name & Title		E-mail address of supervisor		
Primary type of business				
Your Job Title				
Responsibilities				
Start Date	End Date	May we contact your previous supervisor for a reference?	YES <input type="checkbox"/>	NO <input type="checkbox"/> Later <input type="checkbox"/>
Reason for Leaving				

COMMENTS/ADDITIONAL INFORMATION

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

LANGUAGE

List any languages that you can speak, read or write that could be of benefit to the position applied for.

Speak	Fluent <input type="checkbox"/>	Good <input type="checkbox"/>	Fair <input type="checkbox"/>	Speak	Fluent <input type="checkbox"/>	Good <input type="checkbox"/>	Fair <input type="checkbox"/>
Read	Fluent <input type="checkbox"/>	Good <input type="checkbox"/>	Fair <input type="checkbox"/>	Read	Fluent <input type="checkbox"/>	Good <input type="checkbox"/>	Fair <input type="checkbox"/>
Write	Fluent <input type="checkbox"/>	Good <input type="checkbox"/>	Fair <input type="checkbox"/>	Write	Fluent <input type="checkbox"/>	Good <input type="checkbox"/>	Fair <input type="checkbox"/>

SKILLS

Identify skills or certifications you possess related to this position.

Skill/Certification	Years of Experience:	Ability Level	1 (poor) <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 (expert) <input type="checkbox"/>
Skill/Certification	Years of Experience:	Ability Level	1 (poor) <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 (expert) <input type="checkbox"/>
Skill/Certification	Years of Experience:	Ability Level	1 (poor) <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 (expert) <input type="checkbox"/>
Skill/Certification	Years of Experience:	Ability Level	1 (poor) <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 (expert) <input type="checkbox"/>
Skill/Certification	Years of Experience:	Ability Level	1 (poor) <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 (expert) <input type="checkbox"/>

DISCLAIMER AND SIGNATURE

I certify that my answers are true and complete to the best of my knowledge.

If this application leads to employment, I understand that false or misleading information in my application or interview will result in my immediate termination of employment.

Signature		Date	
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