



APPLICATION FOR EMPLOYMENT

An Equal Opportunity Employer
 www.skh.com 717.626.4771
 PO Box 1500, Lititz, PA 17543

Personal Data

Today's Date _____

Name: _____ Telephone Number: (____) _____
 Last First Middle

Present Home Address: _____
 Street City State Zip

Are you at least 16__18__?

Have You Ever Been Convicted of a Felony? ___ Yes ___ No

Do You Have Transportation? ___ Yes ___ No

Education

High School: _____ Did you Graduate? ___ Yes ___ No
 Name Address Grade Completed

Other: _____ Did you Graduate? ___ Yes ___ No
 Name Address Years Completed Degree: _____

References List any two personal references, at least 18 years of age, we may contact (Do not include relatives, former employers or employees of SKH):

Name	Address	Occupation	Years Known	Telephone #

Name	Address	Occupation	Years Known	Telephone #

Location Desired: East York ___ Dover ___ Mechanicsburg ___ Harrisburg ___ Hummelstown ___ Oregon Pike ___
 Rohrerstown ___ Lititz Pike ___ Garden Distribution ___ Central Office ___

Type of Work Desired: _____
 First Choice Second Choice

How did you hear about employment with SKH? _____

Are You Presently Employed?

_ Yes _ No

If Yes, May We Contact Your

Present Employer? _ Yes _ No

Wage Expected?

\$ _____

Date Available to Start: _____

Specify All Days & Hours Available:

Are You Seeking: _ Full Time _ Part Time _ Seasonal

Day	AM	PM
Monday	-	-
Tuesday	-	-
Wednesday	-	-
Thursday	-	-
Friday	-	-
Saturday	-	-
Sunday	-	-

Specify All Shifts Available for Work:

Early Morning

Day Hours

Evening Hours (4pm-close)

Overnight hours

Other _____

List Complete Employment History (Attach Additional Sheets to Show Extra Employment History)

1.) Name of Employer _____ Address _____ Dates _____ - _____
Phone # (____) _____ Position _____ Name of Supervisor _____
Reason for Leaving _____

2.) Name of Employer _____ Address _____ Dates _____ - _____
Phone # (____) _____ Position _____ Name of Supervisor _____
Reason for Leaving _____

3.) Name of Employer _____ Address _____ Dates _____ - _____
Phone # (____) _____ Position _____ Name of Supervisor _____
Reason for Leaving _____

4.) Name of Employer _____ Address _____ Dates _____ - _____
Phone # (____) _____ Position _____ Name of Supervisor _____
Reason for Leaving _____

5.) Name of Employer _____ Address _____ Dates _____ - _____
Phone # (____) _____ Position _____ Name of Supervisor _____
Reason for Leaving _____

I certify that any misrepresentation or omission of any fact on the application, resume, or any other materials, or any interview can be justification for refusal of employment or termination of such employment. I understand that as a condition of employment I may be required to submit to drug testing and/or successfully complete an employment physical.

In processing my application for employment, the company may verify all the information I have provided or may have prepared an investigation consumer report concerning my prior employment, education, character general reputation, personal characteristics, and mode of such a report was requested and with full information as to the nature and scope of the investigation.

The Employment agreement Stauffers of Kissel Hill maintains with its employees is an "at will" agreement.

I understand and agree that my employment may be terminated at any time for any reason with or without cause or notice. I also understand that no manager or representative of the company other than the director of Human Resources has any authority to enter into an agreement or make any representations contrary to the Employment at will agreement. I understand that no such agreement entered into by the Director of Human Resources shall be enforceable unless it is in writing and signed by the Director of Human Resources.

Signature _____ **Date** _____

Do you have the right to work and remain in the United States? Yes No
Pursuant to the Immigration Reform and Control Act of 1986, all applicants, upon being made an offer of employment, must produce documents, which will be specified by the federal government, establishing their identity and authorization for employment in the United States. These documents must be produced no later than seventy-two hours after commencement of employment. You will also be required to sign Form I-9 (issued by the federal government) verifying, under oath, your employment authorization.

Signature _____ **Date** _____

By clicking submit application, you accept and agree to all of the above terms.

For Office Use Only
Social Security _____