



Employment Application

11104 Station Road
 Huntingdon, Pa 16652
 (814) 819-0037

APPLICANT INFORMATION

Last Name		First		M.I.	Date
Street Address			Apartment/Unit #		
City	State		ZIP		
Phone		E-mail Address			
Date Available	Social Security No.		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 been convicted of a felony in the last seven years?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	If yes, explain		
Are you currently on "lay-off" status and subject to recall?	YES <input type="checkbox"/>	NO <input type="checkbox"/>			
Can you travel if a job requires it?	YES <input type="checkbox"/>	NO <input type="checkbox"/>			
Driver's License #:	State	Class	License Exp.		

EDUCATION

High School		Address	
From	To	Did you graduate?	Degree
YES <input type="checkbox"/>	NO <input type="checkbox"/>		
College		Address	
From	To	Did you graduate?	Degree
YES <input type="checkbox"/>	NO <input type="checkbox"/>		
Other		Address	
From	To	Did you graduate?	Degree
YES <input type="checkbox"/>	NO <input type="checkbox"/>		

REFERENCES

Please give the names, addresses, and telephone numbers of 3 references who are not related to you and are not previous employers

Full Name	Relationship
Company	Phone
Address	
Full Name	Relationship
Company	Phone
Address	
Full Name	Relationship
Company	Phone
Address	

PREVIOUS EMPLOYMENT

Company

Phone

Address

Supervisor

Job Title

Starting Salary \$

Ending Salary \$

Responsibilities

From

To

Reason for Leaving

May we contact your previous employer?

YES NO

Company

Phone

Address

Supervisor

Job Title

Starting Salary \$

Ending Salary \$

Responsibilities

From

To

Reason for Leaving

May we contact your previous employer?

YES NO

Company

Phone

Address

Supervisor

Job Title

Starting Salary \$

Ending Salary \$

Responsibilities

From

To

Reason for Leaving

May we contact your previous employer?

YES NO **Summarize special job-related skills and qualifications acquired from employment or other experience:****MILITARY SERVICE**

Have you ever had any job-related training in the US Military?

YES NO

If yes, please describe:

DISCLAIMER AND SIGNATURE

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

I authorize investigation of all statements contained in this application for employment as may be necessary in arriving at an employment decision.

This application for employment shall be considered active for a period of time not to exceed one year. Any applicant wishing to be considered for employment beyond this time period should inquire as to whether or not applications are being accepted at that time.

I hereby acknowledge that any employment relationship with this Company is of an "at-will" nature, which means that the Employee may resign at any time and the Employer may discharge Employee at any time with or without cause. It is further understood this "at-will" employment relationship may not be changed by written document or by conduct unless such change is specifically acknowledged in writing by an authorized executive of the Company.

If this application leads to employment, I understand that false or misleading information in my application or interview may result in my release. I understand, also, that I am required to abide by all rules and regulations of the employer.

Signature

Date

J Porter Enterprises LLC

3861 Sawmill Rd
Petersburg, PA 16669
814-280-1149

Applicant's Statement

If offered employment with J Porter Enterprises, LLC (JPE), I hereby understand and agree that any offer of employment, and the continuation of my employment if I have commenced employment with JPE, is contingent upon verification of the information which I have provided to JPE, both on my employment application and during the pre-employment process and upon successful completion of a post-offer medical screening, and a drug test (urinalysis and/or blood test for marijuana, amphetamines, opiates, cocaine, and PCP.) Further, I hereby release JPE, its owners, managers, agents, and representatives from any liability for the conducting of post-offer medical screenings, and drug tests, and for the use of and/or reliance upon the results of the medical screening, and drug testing in reaching a decision related to my employment at J Porter Enterprises, LLC.

Signature of Applicant

Date