

Regional Services Corporation, Inc.
249 W. Third Street
Lewistown, PA 17044

EMPLOYMENT APPLICATION

EQUAL OPPORTUNITY EMPLOYER: It is our policy to provide equal employment opportunities to all qualified persons without regard to race, age, color, sex, religion, national origin, or disability.

POSITION APPLIED FOR: _____

LAST NAME FIRST NAME MIDDLE INITIAL S.S #

MAILING ADDRESS CITY COUNTY STATE ZIPCODE

TELEPHONE: _____ CELL: _____

ARE YOU A U.S. CITIZEN OR OTHERWISE AUTHORIZED TO WORK IN THE U.S. ON AN UNRESTRICTED BASIS? _____ YES _____ NO

HOW DID YOU LEARN ABOUT THIS OPENING? _____
DO YOU HAVE A PA. DRIVERS LICENSE? YES ___ NO ___
ARE YOU OVER 18 YEARS OLD? YES ___ NO ___
HAVE YOU EVER BEEN REFUSED A BOND? _____
HAVE YOU EVER BEEN CONVICTED OF A FELONY? YES ___ NO ___
IF YES, DESCRIBE CONDITIONS _____

EDUCATION:

HIGHEST GRADE OF EDUCATION: 1 - 2 - 3 - 4 - 5 - 6 - 7 - 8 - 9 - 10 - 11 - 12 COLLEGE: 1-2 -3 -4 -5- P.G.

HIGH SCHOOL _____ **DIPLOMA/DEGREE/GED** _____

COURSE CURRICULUM _____

COLLEGE/UNIVERSITY _____

DIPLOMA/DEGREE MAJOR SUB/COURSES SEM CREDITS

GRADUATE/PROFESSIONAL _____

MAJOR SUB/COURSES DIPLOMA/DEGREE MAJOR SUB/COURSES

OTHER EDUCATION (TECHNICAL, CORRESPONDENCE, MILITARY, ETC.)

LIST PROFESSIONAL ORGANIZATIONS OF WHICH YOU ARE A MEMBER AND PROFESSIONAL LICENSES YOU HOLD WHICH ARE RELEVANT TO THE POSITION(S) YOU ARE APPLYING FOR

LIST OFFICE MACHINES YOU OPERATE:

COPIER _____ FAX _____ SCANNER _____ PC _____ TYPING _____ (wpm) DICTATION _____ (wpm)

EMPLOYMENT:

LIST YOUR COMPLETE EMPLOYMENT RECORD, INCLUDING PERIODS OF UNEMPLOYMENT STARTING WITH YOUR PRESENT POSITION AND WORKING BACKWARDS. ATTACH ADDITIONAL SHEETS IF INEEDED. INCLUDE YOUR NAME AND SOCIAL SECURITY NUMBER ON EACH ATTACHED SHEET.

MAY WE CONTACT YOUR PRESENT OR LAST EMPLOYER? YES _____ NO _____

NAME AND ADDRESS OF EMPLOYER:

DATE STARTED:

STARTING SALARY:

STARTING POSITION:

DATE LEFT:

SALARY ON LEAVING:

POSITION ON LEAVING:

NAME/TITLE OF SUPERVISOR:

TELEPHONE:

DESCRIPTION OF DUTIES: _____

REASON FOR LEAVING: _____

MAY WE CONTACT THIS EMPLOYER?

YES _____ NO _____

NAME AND ADDRESS OF EMPLOYER:

DATE STARTED:

STARTING SALARY:

STARTING POSITION:

DATE LEFT:

SALARY ON LEAVING:

POSITION ON LEAVING:

NAME/TITLE OF SUPERVISOR:

TELEPHONE:

DESCRIPTION OF DUTIES: _____

REASON FOR LEAVING: _____

APPLICANT'S CERTIFICATION AND AGREEMENT

I CERTIFY THAT THE FACTS SET FORTH IN THIS APPLICATION FOR EMPLOYMENT ARE TRUE AND COMPLETE TO THE BEST OF MY KNOWLEDGE. I UNDERSTAND THAT IF I AM EMPLOYED, FALSE STATEMENTS ON THIS APPLICATION SHALL BE CONSIDERED SUFFICIENT CAUSE FOR DISMISSAL. THE AGENCY IS HEREBY AUTHORIZED TO MAKE ANY INVESTIGATION OF MY PRIOR EDUCATIONAL AND WORK HISTORY.

APPLICANT'S SIGNATURE

DATE

RESEARCH QUESTIONNAIRE

This is a voluntary form and you are not required to complete it. Your answers will be used for research purposes and to help assure equal employment opportunities. "This information will be kept confidential and will be maintained separate from your application for employment."

NAME: (optional) _____

SEX CLASSIFICATION Male Female

DATE OF BIRTH: _____

EEO CLASSIFICATION:

- White (Not of Hispanic Origin)
- Black (Not of Hispanic Origin)
- Hispanic
- Asian or Pacific Islander
- American Indian or Alaskan Native
- Other (specify) _____

Are you a veteran of the Armed Forces? Yes No

Are you a Viet Nam era veteran? Yes No

SIGNATURE: (optional) _____