

Application For Employment

SNYDER ASSOCIATED COMPANIES, INC.
P.O. BOX 1022
KITANNING, PA 16201
724-548-8101

Applicants are considered for all positions without regard to race, color, religion, sex, national origin, age, marital or veteran status, or the presence of a non-job related medical condition or handicap.

(PLEASE PRINT)

Date of Application _____

Position(s) Applied For _____

Referral Source: ☐ Advertisement ☐ Friend ☐ Relative ☐ Walk-In
☐ Employment Agency ☐ Other _____

Name _____
LAST FIRST MIDDLE

Address _____
NUMBER STREET CITY STATE ZIPCODE

Telephone (_____) _____ Social Security Number ____/____/____
AREA CODE

Secondary Telephone (_____) _____
AREA CODE

If employed and you are under 18,
can you furnish a work permit? ☐ Yes ☐ No

Have you filed an application here before? ☐ Yes ☐ No If Yes, give date _____

Have you ever been employed here before? ☐ Yes ☐ No If Yes, give date _____

Are you employed now? ☐ Yes ☐ No May we contact your present employer? ☐ Yes ☐ No

Are you prevented from lawfully becoming employed
in this country because of Visa or Immigration Status? ☐ Yes ☐ No
(Proof of citizenship or immigration status
may be required upon employment.)

On what date would you be available for work? _____

Are you available to work ☐ Full Time ☐ Part Time ☐ Shift Work ☐ Temporary

Will you work overtime if asked? ☐ Yes ☐ No

Are you on a lay-off and subject to recall? ☐ Yes ☐ No

Can you travel if a job requires it? ☐ Yes ☐ No

Have you been convicted of a felony within the last 7 years? ☐ No ☐ Yes

If Yes, Please explain _____

AN EQUAL OPPORTUNITY EMPLOYER M/F/V/H

Education

	Elementary	High	College/University Business/Trade/Technical	Graduate Professional
School Name				
Years Completed: (Circle)	4 5 6 7 8	9 10 11 12	1 2 3 4	1 2 3 4
Diploma/Degree	X			
Describe Course of Study:				
Describe Specialized Training, Apprenticeship, Skills and Extra-Curricular Activities:				

Honors Received:

State any additional information you feel may be helpful to us in considering your application.

Give name, address and telephone number of three references who are not related to you and are not previous employers.

Special Employment Notice to Disabled Veterans, Vietnam Era Veterans, and Individuals With Physical or Mental Handicaps.

Government contractors are subject to Section 402 of the Vietnam Era Veterans Readjustment Act of 1974 which requires that they take affirmative action to employ and advance in employment qualified disabled veterans and veterans of the Vietnam Era, and Section 503 of the Rehabilitation Act of 1973, as amended, which requires government contractors to take affirmative action to employ and advance in employment qualified handicapped individuals.

If you are a disabled veteran, or have a physical or mental handicap, you are invited to volunteer this information. The purpose is to provide information regarding proper placement and appropriate accommodation to enable you to perform the job in a proper and safe manner. This information will be treated as confidential. Failure to provide this information will not jeopardize or adversely affect any consideration you may receive for employment.

If you wish to be identified, please sign below.

☐ Handicapped Individual ☐ Disabled Veteran ☐ Vietnam Era Veteran

Signed _____

Employment Experience

Start with your present or last job. Include military service assignments and volunteer activities.
Exclude organization names which indicate race, color, religion, sex or national origin.

1	Employer	Dates Employed		Work Performed
		From	To	
	Address			
	Job Title	Hourly Rate/Salary		
		Starting	Final	
	Supervisor			
	Reason for leaving			

2	Employer	Dates Employed		Work Performed
		From	To	
	Address			
	Job Title	Hourly Rate/Salary		
		Starting	Final	
	Supervisor			
	Reason for leaving			

3	Employer	Dates Employed		Work Performed
		From	To	
	Address			
	Job Title	Hourly Rate/Salary		
		Starting	Final	
	Supervisor			
	Reason for leaving			

4	Employer	Dates Employed		Work Performed
		From	To	
	Address			
	Job Title	Hourly Rate/Salary		
		Starting	Final	
	Supervisor			
	Reason for leaving			

If you need additional space, please continue on a separate sheet of paper.

Special Skills and Qualifications

Summarize special skills and qualifications acquired from employment or other experience including military service.

Applicants Statement

I hereby authorize the company, Snyder Assoc. Companies, to conduct an investigation concerning all statements contained in my application for employment, to interview all references, employers and schools and to conduct any other investigation that is deemed appropriate. I hereby release the Company and/or other individuals from any liability arising from the disclosure of any information pertaining to me which is obtained during said investigation.

I hereby understand and acknowledge that unless otherwise defined by applicable law, any employment relationship with this organization 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 that this "at will" employment relationship may not be changed by any written document or by conduct unless such change is specifically acknowledged in writing by an authorized executive of this organization.

I affirm that everything is true and correct on this application and I acknowledge that I can be terminated at any time if any information I supply is false. I affirm that I have a genuine intent and no other purpose in applying for a job with the company.

Signature of Applicant

Date

For Personnel Department Use Only

Arrange Interview

☐ Yes

☐ No

Remarks _____

Interviewer

Date

Employed ☐ Yes

☐ No

Date of Employment _____

Job Title _____

Hourly Rate/
Salary _____

Department _____

By _____

Name and Title

Date