

Champion

Builders, Inc.

COMMERCIAL • INDUSTRIAL • INSTITUTIONAL

239 PRINGLE ST. • KINGSTON, PA 18704 • PHONE: (570) 283-2529 • FAX: (570) 283-1009

APPLICATION FOR EMPLOYMENT

DATE: _____

Position applied for: _____

Salary Desired: \$ _____

Personal Information:

Name: _____

Address: _____

Phone No.: (_____) _____ Cell Phone: (_____) _____

Social Security No.: _____

In case of emergency notify:

Name: _____

Address: _____ Phone: (_____) _____

Have you ever worked for Champion before? _____

If yes: Dates - From _____ To _____ Position: _____

Reason for leaving: _____

Are you now employed? _____

If not, how long since leaving last employment? _____

Who referred you? _____



BETTER SOLUTIONS. BETTER BUILDINGS.

Employment History

Present to last Employer:

Employer: _____

Address: _____

Supervisor: _____

Phone: _____

Position/Title: _____

Dates: From _____ To _____

Responsibilities: _____

Salary: Start \$ _____ Final \$ _____

Reason For Leaving: _____

Employer: _____

Address: _____

Supervisor: _____

Phone: _____

Position/Title: _____

Dates: From _____ To _____

Responsibilities: _____

Salary: Start _____ Final _____

Reason For Leaving: _____

Employer: _____

Address: _____

Supervisor: _____

Phone: _____

Position/Title: _____

Dates: From _____ To _____

Responsibilities: _____

Salary: Start _____ Final _____

Reason For Leaving: _____

Additional Skills/Qualifications: _____

Military Status:

Have you served in the U.S. Armed Forces?

Branch: _____ Dates: From _____ To _____

Citizenship:

Are you a citizen of the United States? Yes _____ No _____

If not give current status _____

Education:

Circle the highest grade completed

Elementary: 1 2 3 4 5 6 7 8

High School: 1 2 3 4

College: 1 2 3 4

List any special certifications:

Have you been convicted of a felony within the last five years? Yes _____ No _____

Have you ever filed a Workers Compensation Claim? Yes _____ No _____

If yes: Employer _____

Dates: From _____ To _____

Briefly explain circumstances of injury:

Do you have an active driver's license? Yes _____ No _____

If no, explain: _____

Drivers License # _____ State of Issue _____ Expiration _____

Have you ever been convicted of a DUI or had your license suspended or revoked?

Yes _____ No _____

If yes, explain:

Will you agree to a drivers license check? Yes _____ No _____

To be read and signed by Applicant:

I certify that all entries and information on this application are true and complete to the best of my knowledge.

I authorize you to make any and all inquiries regarding my employment history, medical or financial background and all other related matters as may be necessary in arriving at an employment decision. I hereby release Employers, Schools, or Persons and other Institutions from all liability in responding to inquiries in connection with my application.

In the event of my employment, I understand that false or misleading information given in my application or interview(s) may result in my discharge.

Applicant Signature: _____

Date: _____

Internal Use Only:

Hired: _____ Date: _____

Position: _____ Starting Rate: _____

Not Hired: _____

Comments (if any): _____

All persons shall have the opportunity to be considered for employment without regard to their race, color, religion, national origin or ancestry, age, past or present disability, sex, or any other characteristic protected by the applicable State and Federal Laws.

My employment may be terminated with or without cause, and with or without notice, at any time, at the option of the Company or myself.