



**COMPLEAT RESTORATIONS**  
 702 Pointview Avenue, Ephrata, PA 17522  
 717-738-2121 fax 717-738-4446

**Employment Application**

*Please read before filling out this application*

We are an equal opportunity employer and do not unlawfully discriminate in employment. No question on this application is used for the purpose of limiting or excluding any applicant from consideration for employment on a basis prohibited by local, state, or federal law. Equal access to employment, services and programs is available to all persons. Those applicants requiring reasonable accommodation to the application and/or interview process should notify a representative of the organization.

**Instructions**

1. Print your answers, except for the signature on the application (applications without a signature will not be accepted). **Please complete the entire application and write legibly.**
2. Resumes are accepted only as a supplement to the application.
3. Use blank paper if you do not have enough room on this application.

**POSITION APPLYING FOR:** \_\_\_\_\_

Your Name \_\_\_\_\_ Date \_\_\_\_\_

Mailing Address \_\_\_\_\_

If at address less than one year, provide previous address \_\_\_\_\_

City \_\_\_\_\_ County \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Telephone Number: Day \_\_\_\_\_ Evening \_\_\_\_\_ Social Security Number \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Type of Employment Desired: \_\_\_\_\_ Full-Time \_\_\_\_\_ Part-Time \_\_\_\_\_ Temporary

If you are under the age of 18, can you furnish a work permit? \_\_\_\_\_  Yes  No

Have you ever applied here before? If yes, when? \_\_\_\_\_

Are you currently employed? \_\_\_\_\_  Yes  No

May we contact your present employer? \_\_\_\_\_  Yes  No

Are you prevented from lawfully becoming employed in the country because of Visa or Immigration Status? (Proof of citizenship or immigration status will be required upon employment) \_\_\_\_\_  Yes  No

If hired, what date you would be available to start work? \_\_\_\_\_

Are you able to meet attendance requirements? \_\_\_\_\_  Yes  No

Have you ever been convicted of a crime in the last 7 years? \_\_\_\_\_  Yes  No

If yes, please explain (a conviction will not automatically bar employment): \_\_\_\_\_

How did you learn about this employment opportunity?

Newspaper  Website  Referral  Other \_\_\_\_\_

**TELL US ABOUT YOUR EDUCATION:**

High School (Name) \_\_\_\_\_ Location \_\_\_\_\_

Diploma  Other (Specify)  \_\_\_\_\_ Highest Grade Completed \_\_\_\_\_

College Graduate?  Yes  No If no, give total credit received \_\_\_\_\_

Your Name if Different While Attending School \_\_\_\_\_

**JOB RELATED TRAINING AND COURSE WORK:**

List any skills, licenses, and certificates, which are related to the job you seek (including typing speed and computer software proficiency).

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**TELL US ABOUT YOUR WORK EXPERIENCE:**

Describe your work experience in detail, beginning with your current, or most recent job, include military service and job related volunteer work, if applicable. **Provide an explanation for any gaps in employment.** All information in this section must be complete. A resume may be attached, but not substituted for completing this section.

1. Name of Present or Last Employer \_\_\_\_\_  
Address \_\_\_\_\_ Phone ( ) \_\_\_\_\_  
Job Title \_\_\_\_\_  
Employed (Month and Year) From: \_\_\_\_\_ To: \_\_\_\_\_  
Weekly Pay Start: \_\_\_\_\_ Last: \_\_\_\_\_  
Name of Supervisor (must be filled in) \_\_\_\_\_  
Reason for Leaving: \_\_\_\_\_  
Job Description: \_\_\_\_\_  
\_\_\_\_\_

2. Name of Present or Last Employer \_\_\_\_\_  
Address \_\_\_\_\_ Phone ( ) \_\_\_\_\_  
Job Title \_\_\_\_\_  
Employed (Month and Year) From: \_\_\_\_\_ To: \_\_\_\_\_  
Weekly Pay Start: \_\_\_\_\_ Last: \_\_\_\_\_  
Name of Supervisor (must be filled in) \_\_\_\_\_  
Reason for Leaving: \_\_\_\_\_  
Job Description: \_\_\_\_\_  
\_\_\_\_\_

3. Name of Present or Last Employer \_\_\_\_\_  
Address \_\_\_\_\_ Phone ( ) \_\_\_\_\_  
Job Title \_\_\_\_\_  
Employed (Month and Year) From: \_\_\_\_\_ To: \_\_\_\_\_  
Weekly Pay Start: \_\_\_\_\_ Last: \_\_\_\_\_  
Name of Supervisor (must be filled in) \_\_\_\_\_  
Reason for Leaving: \_\_\_\_\_  
Job Description: \_\_\_\_\_  
\_\_\_\_\_

4. Name of Present or Last Employer \_\_\_\_\_  
 Address \_\_\_\_\_ Phone ( ) \_\_\_\_\_  
 Job Title \_\_\_\_\_  
 Employed (Month and Year) From: \_\_\_\_\_ To: \_\_\_\_\_  
 Weekly Pay Start: \_\_\_\_\_ Last: \_\_\_\_\_  
 Name of Supervisor (must be filled in) \_\_\_\_\_  
 Reason for Leaving: \_\_\_\_\_  
 Job Description: \_\_\_\_\_  
 \_\_\_\_\_

5. Name of Present or Last Employer \_\_\_\_\_  
 Address \_\_\_\_\_ Phone ( ) \_\_\_\_\_  
 Job Title \_\_\_\_\_  
 Employed (Month and Year) From: \_\_\_\_\_ To: \_\_\_\_\_  
 Weekly Pay Start: \_\_\_\_\_ Last: \_\_\_\_\_  
 Name of Supervisor (must be filled in) \_\_\_\_\_  
 Reason for Leaving: \_\_\_\_\_  
 Job Description: \_\_\_\_\_  
 \_\_\_\_\_

6. Name of Present or Last Employer \_\_\_\_\_  
 Address \_\_\_\_\_ Phone ( ) \_\_\_\_\_  
 Job Title \_\_\_\_\_  
 Employed (Month and Year) From: \_\_\_\_\_ To: \_\_\_\_\_  
 Weekly Pay Start: \_\_\_\_\_ Last: \_\_\_\_\_  
 Name of Supervisor (must be filled in) \_\_\_\_\_  
 Reason for Leaving: \_\_\_\_\_  
 Job Description: \_\_\_\_\_  
 \_\_\_\_\_

7. Explain any gaps in employment history: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

*\*If you need more room, please use extra sheets*

**References**

Give 3 references, not relatives, who have definite knowledge of your **business or professional qualifications** for the position for which you are applying. Do not repeat names of supervisors listed under employment history. **(Include at least one work and one personal)**

Name	Relationship	Address	Telephone #



**PLEASE READ BEFORE SIGNING**  
**If you have any questions regarding this statement,**  
**ask the employment interviewer before signing.**

I hereby authorize the potential employer to contact, obtain, and verify the accuracy of information contained in this application from all previous employers, educational institutions, and references. I also hereby release from liability the potential employer and its representatives for seeking, gathering, and using such information to make employment decisions and all other persons or organizations for providing such information.

I hereby give Compleat Restorations permission to contact my prior employer(s) for information regarding my work duties.

I understand that any misrepresentation or material omission made by me on this application will be sufficient cause for cancellation of this application or immediate termination of employment if I am employed, whenever it may be discovered.

If I am employed, I acknowledge that there is no specified length of employment and that this application does not constitute an agreement or contract for employment. Accordingly, either the employer or I can terminate the relationship at will, with or without cause, at any time, so long as there is not violation of applicable federal or state law.

*I understand that I will need to submit to a pre-employment drug screen. An applicant who fails a drug test will be denied employment. Any applicant who refuses to submit to testing will be denied employment.*

I understand that it is the policy of this organization not to refuse to hire or otherwise discriminate against a qualified individual with a disability because of that person's need for a reasonable accommodation as required by the ADA.

I also understand that if I am employed, I will be required to provide satisfactory proof of identity and legal work authorization within three days of being hired. Failure to submit such proof within the required time shall result in immediate termination of employment.

I represent and warrant that I have read and fully understand the foregoing, and that I seek employment under these conditions.

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Signature of Applicant

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Date

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Print Name

**We are an Equal Opportunity Employer**