

Horlacher & Sherwood Inc.
" THE SKIDDER SHOP "

108 SR 92 South PO Box 680 Tunkhannock PA 18657

Application for Employment

| | | | |
|-----------------|------|---------------|----------|
| Name | | Date of Birth | |
| Present Address | City | State | Zip code |
| Phone | | Referred by | |

| | | | |
|---|---|---|------------------|
| Position applying for | | Date you can start | Pay rate desired |
| Are you employed now? | Can we contact your present employer? | Have you ever applied to or worked for this company before? | |
| | | If yes to above please list where and when. | |
| Do you have a current drivers liscence? | Have you ever been convicted of a felony? | | |

Education History

| | School Name | Years attended | Did you Graduate? | Year | Subjects studied |
|-------------------------|-------------|----------------|-------------------|------|------------------|
| Grammar School | | | | | |
| High School | | | | | |
| College | | | | | |
| Trade / Business School | | | | | |

Special Training or skills? (Please attach a copy of your Résumé)

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|------------------|--------|------|
| Military Service | Branch | Rank |
| | | |

Former Employers

| From | To | Name / Address | Pay Rate | Position | Reason For Leaving |
|------|----|----------------|----------|----------|--------------------|
| From | To | | | | |
| From | To | | | | |
| From | To | | | | |

References

| Name | Phone # | Business | Years known |
|------|---------|----------|-------------|
| | | | |
| | | | |
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| | | | |

Authorization

I certify that the facts contained in this application are true and complete to the best of my knowledge and understand that, if employed; falsified statements on this application shall be grounds for dismissal.

I authorize investigation of all statements contained herein and the references and employers listed above to give you any and all information concerning my previous employment and any pertinent information they may have, personal or otherwise, and release the company from all liability for any damage that may result from utilization of such information.

I also understand and agree that no representative of the company has any authority to enter into any agreement for employment for any specified period of time, or to make any agreement contrary to the foregoing, unless it is in writing and signed by an authorized representative.

This waiver does not permit the release or use of disability related or medical information in a manner prohibited by the Americans with Disabilities act (ADA) and other relevant federal and state laws.

Date _____ Signature _____

Interviewed by: _____ Date _____

Do not write below this line

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| | | | | |
|-------------|----------------|-----------|-------------|----------|
| Neatness | | Character | | |
| Personality | | Ability | | |
| Hired | For department | Position | Report date | Pay Rate |

Employment Manager: _____