

## **EMPLOYMENT APPLICATION**

DATE:						
NAME:						
ADDRESS:						
CITY:		STATE:		ZIP CODE	≣:	
PHONE:		E-M	AIL:			
POSITION(S)	APPLYING FOR: _					
DATE AVAILA	BLE TO START:					
ARE YOU 18 Y	YEARS OF AGE O	R OLDER? YES	NO	_		
CAN YOU SHO	OW PROOF OF Y	OUR ELIGIBILITY	TO WORK IN TH	E UNITED STATE	S? YES	NO
ARE YOU OR	HAVE YOU EVER	BEEN A RE-SOL	JRCE YORK VOL	UNTEER? YES_	NO	_
HAVE YOU EV	/ER BEEN EMPLO	YED BY RE-SOL	JRCE YORK? NO	) YES	(PLEASE SPE	CIFY POSITION
AND DATES O	F EMPLOYMENT	)				
DO YOU HAVE	E ANY FRIENDS (	OR RELATIVES C	URRENTLY EMPI	OYED BY RE-SO	OURCE YORK? N	0
YES (\	WHO? RELATION	SHIP?)				
DO YOU HAVE	E ANY PHYSICAL	OR MEDICAL CO	NDITIONS THAT	WOULD INTERF	ERE WITH YOUR	ABILITY TO
	IE JOB FOR WHIC					
<u>***</u>						
	RRENTLY CHARG LEASE EXPLAIN).					? NO
•	•					
	SESS A VALID DR					
	CENSE EVER BE	EN 2025ENDED	OR REVOKED?	NO 1ES_	(PLEASE E	XPLAIN)————
TIMES AVAILA	BLE (CHECK WHICH D	AYS / HOURS YOU ARE	AVAILABLE TO WORK)	:		
	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY	SATURDAY
MORNING						
AFTERNOON						

HOW DID YOU FIND OUT ABOUT RE-SOURCE YORK? _			
HAVE YOU BEEN A RESIDENT OF PENNSYLVANIA FOR 2 IF NO, PREVIOUS ADDRESS:	OR MORE YEARS? YESNO		
EMPLOYMENT HISTORY (BEGINNING WITH MOST RECENT)			
EMPLOYER:	LOCATION:		
JOB TITLE:	DATE STARTED:		
SUPERVISOR:	DATE ENDED:		
TELEPHONE:	MAY WE CONTACT: YES NO		
REASON FOR LEAVING:			
RESPONSIBILITIES:			
EMPLOYER:	LOCATION:		
JOB TITLE:	DATE STARTED:		
SUPERVISOR:	DATE ENDED:		
TELEPHONE:	MAY WE CONTACT: YES NO		
REASON FOR LEAVING:			
RESPONSIBILITIES:			
EMPLOYER:	LOCATION:		
JOB TITLE:	DATE STARTED:		
SUPERVISOR:	DATE ENDED:		
TELEPHONE:	MAY WE CONTACT: YES NO		
REASON FOR LEAVING:			
RESPONSIBILITIES:			
EDUCATION (BEGINNING WITH HIGHEST LEVEL COMPLETED)			
SCHOOL:	YEAR STARTED:		
LOCATION:	YEAR ENDED:		
MAJOR:	DID YOU GRADUATE: YES NO YEAR GRADUATED:		
MINOR:	GED: YES NO N/A		
SCHOOL:	YEAR STARTED:		
LOCATION:	YEAR ENDED:		
MAJOR:	DID YOU GRADUATE: YES NO YEAR GRADUATED:		
MINOR:	GED: YES NO N/A		
PERSONAL REFERENCES			
NAME:	NAME:		
YEARS ACQUAINTED:	YEARS ACQUAINTED:		
RELATIONSHIP:	RELATIONSHIP:		
TELEPHONE:	TELEPHONE:		

## STATEMENT OF UNDERSTANDING

I certify that the statements made in this application are correct and complete to the best of my knowledge. I understand that false, omitted or misleading information may result in rejection of this application or termination of subsequent employment. I understand that Re-Source York may investigate all statements made on my application, with the possible exception as indicated on page 2 of this application and release from liability former employers, institutions or persons providing such information to Re-Source York. If accepted for employment with Re-Source York, I agree to abide by all of its rules, regulations, policies and procedures. I understand that I may terminate my employment at any time without notice or cause, and that Re-Source York may terminate or modify the employment relationship at any time without notice or cause. If employed, I understand that my employment is for no definite period of time and if terminated, Re-Source York is liable only for wages and benefits earned as of the date of termination.

SIGNATURE:\_\_\_\_\_

ITED NAME:	DATE:	DATE:		
	an equal opportunity employer and considers applicants for all positional origin, age, ancestry, sexual orientation, marital or veteran status.			
Please re	eturn completed application to either:			
Re-Source Yor Home Improvement 161 E. 9th Aven York, PA 17404 717-852-7574	t Store Home Goods Store uue 405 Carlisle Ave 4 York, PA 17404			
Should your application be selected	d, the following policies will be reviews during a scheduled interview	<u> </u>		
Re-Source York policy requires crir York will be on a provisional basis p of or pled guilty to any prohibited of	d, the following policies will be reviews during a scheduled interview minal background checks on employees. Your position with Re-Sour pending the results of the background check. If you have been convifenses, your position may be jeopardized.	ce		
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