Zelienople Community Park Association

Employment Application

111 West New Castle Street
Zelienople, PA 16063

zelienoplecommunitypark@gmail.com

Full Name:	Last	First		M.1.	Date:			
Address:								
Address.	Street Address			entra de la companya	Apartment/Unit #			
	City			State	Z/P Code			
Phone:			Email					
Date Availal	ole:	ial Security No.:_		Desired S	Salary <u>: \$</u>			
Position App								
		YES NO			YES NO			
Are you a citizen of the United States?		YES NO	If no, are you authorized to work in the US?					
Have you ever worked for this company?		YES NO	If yes, when? /_					
Have you e	ver been convicted of a felon	y ?						
If yes, expla	in:							
		Edn	ıcation		10 N 1 S 2 S 3 S 3 S 3 S 3 S 3 S 3 S 3 S 3 S 3			
Address:								
High Schoo	ol:	/\ddi00						
From:	To:	Did you gradua	YES NO te	Diploma ———				
College:		Addres						
From: Other: —	То:	Did you graduate Address		Degree:				
From:			YES NO					
FIOIII:	To:	Did you graduate		Degree:				
		Ref	erences					
Please list three persons not related to you, whom you have known at least one year.								
Full Name: Relationship:								
Company: I	Phone:							
Address:								

Company: Address:			Phone:	
Full Name: ————————————————————————————————————		Relationship:Phone:		
Address:				
Company: ———			Phone:	
-			Supervisor:	
Job Title:		Starting Salary: \$ Ending Salary:		
Responsibilities: ——				
From:	To:	Reason for Leaving:		
May we contact your	previous supervisor for	YES a reference?		
Company:			Phone:	
Address:			' <u> </u>	
Job Title		Ctarting Colons	Ending Salary <u>:</u> s	
Job Title:		Starting Salary: \$		
		Starting Salary: \$		
Job Title: Responsibilities: From:				
Responsibilities: From:		Reason for Le		
Responsibilities: From:	To:	Reason for Le		
Responsibilities: From: May we contact your	To:	Reason for Le	aving:Phone:	
Responsibilities: From: May we contact your Company:	To: previous supervisor for	Reason for Le	aving:	
Responsibilities: From: May we contact your Company: Address:	To: previous supervisor for	Reason for Leason for	aving: Phone:Supervisor:	
Responsibilities: From: May we contact your Company: Address: Job Title:	previous supervisor for	Reason for Le	aving:Phone:Supervisor:Ending Salary:s	

Branch:	From:	То:
	ITOIII.	10.
Rank at Discharge:	Type of Discharge:	
If other than honorable, explain:		
In Case of Emergency Notify: Name:	Phone No.:	·
Address:		
I certify that my answers are true and co	omplete to the best of my knowledge.	
If this application leads to employment, interview may result in my release.	understand that false or misleading informati	on in my application or
Signature:	Da	te: