

OCCUPATIONAL DEVELOPMENT CENTER



640 Martha Ave., Lancaster, PA 17601
 Business: 717-397-4269
 Fax: 717-397-4260

Employment Application

APPLICANT INFORMATION

Last Name	First	M.I.	Date
Street Address		Apartment/Unit #	
City	State	ZIP	
Phone	E-mail Address		
Date Available	Social Security No.	Desired Salary	
Position Applied for			
Are you at least 18 years of age? YES <input type="checkbox"/> NO <input type="checkbox"/>			
Are eligible to accept employment in the United States under the conditions of the Immigration Reform and Control Act? YES <input type="checkbox"/> NO <input type="checkbox"/>			
Have you ever been convicted of a felony? YES <input type="checkbox"/> NO <input type="checkbox"/> If yes, explain			

EDUCATION

High School		Address	
From	To	Did you graduate? YES <input type="checkbox"/> NO <input type="checkbox"/>	Degree
College		Address	
From	To	Did you graduate? YES <input type="checkbox"/> NO <input type="checkbox"/>	Degree
Other		Address	
From	To	Did you graduate? YES <input type="checkbox"/> NO <input type="checkbox"/>	Degree

REFERENCES

Please list three professional references.

Full Name	Relationship
Company	Phone ()
Address	
Full Name	Relationship
Company	Phone ()
Address	
Full Name	Relationship
Company	Phone ()
Address	

PREVIOUS EMPLOYMENT

Company	Phone ()
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Address	Supervisor
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Job Title	Starting Salary \$	Ending Salary \$
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Responsibilities

From	To	Reason for Leaving
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May we contact your previous supervisor for a reference? YES NO

Company	Phone ()
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Address	Supervisor
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Job Title	Starting Salary \$	Ending Salary \$
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Responsibilities

From	To	Reason for Leaving
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May we contact your previous supervisor for a reference? YES NO

Company	Phone ()
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Address	Supervisor
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Job Title	Starting Salary \$	Ending Salary \$
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Responsibilities

From	To	Reason for Leaving
------	----	--------------------

May we contact your previous supervisor for a reference? YES NO

WORK-RELATED SKILLS AND LICENSES

Personal Computer Skills	
Language Skills (other than English)	
Licenses and Certifications	

*The Occupational Development Center is committed to providing an equal opportunity to all individuals seeking employment and to selecting the most qualified individual for the job. All applicants are encouraged to provide the ODC with information that will demonstrate the applicant's qualifications to perform the duties of the job for which the applicant is applying.

DISCLAIMER AND SIGNATURE

Are you currently able to perform the essential functions of the job(s) with or without reasonable accommodation? YES NO

(Note: Any applicant with a disability who needs reasonable accommodations in any step of the hiring process to assist him/her to demonstrate qualifications to perform the duties of the job for which the applicant is applying should inform the Executive Director).

If hired, I agree to comply with all the rules and policies of the Occupational Development Center. I certify that all the foregoing statements are true and complete, and that I have not knowingly withheld any fact that would, if disclosed, affect my application unfavorably. I understand that false statements on and/or material omissions from this application and interview(s) may result in refusal of or separation from employment. I understand that employment, if offered, is contingent upon completion of a satisfactory reference investigation.

I understand and agree that nothing contained in this employment application or in the granting of an interview is intended to create an employment contract between the Occupational Development Center and me for either employment or for the providing of any benefit. If an employment relationship is established, I understand and agree that I have the right to terminate my employment, with or without cause, and with or without notice at any time, and that the ODC retains the same right.

Work schedules, job duties and other conditions of employment may be modified at the discretion of the employer. Your signature on this form indicates your acceptance of this.

My signature certifies that this application was completed by me and that all entries on it and information in it are true and complete to the best of my knowledge.

Signature

Date