Application For Employment

SNYDER ASSOCIATED COMPANIES, INC.

P.O. BOX 1022 KITTANNING, PA 16201 724-548-8101

Applicants are considered for all positions without regard to race, color, religion, sex, national origin, age, marital or veteran status, or the presence of a non-job related medical condition or handicap.

(PLEASE PRINT)

			Date of Applica	tion	
Position(s) Applied	d For				
Referral Source:	☐ Advertisment	☐ Friend	☐ Relat	tive	□ Walk-In
	☐ Employment Agency	☐ Other			
Name	LAST	FIRST		MIDDLE	
Address	MBER STREET	CITY	S	TATE	ZIPCODE
Telephone ()				
	none ()				
If employed and y can you furnish a	you are under 18,				
Have you filed an	application here before?	□ Yes	□ No	If Yes, give date	
Have you ever be	en employer here before?	☐ Yes	□ No	If Yes, give date	
Are you employed	d now? ☐ Yes ☐ No	May we cont	act your present	employer?	Yes □ No
] Yes □ No		
On what date wo	ould you be available for work	</td <td></td> <td></td> <td></td>			
Are you available	to work	☐ Part Time	☐ Shift Work	☐ Temporary	
Will you work ove	ertime if asked?	es 🗆 No			
Are you on a lay-	off and subject to recall?	□ Yes □ No			
Can you travel if	a job requires it?	es 🗆 No			
Have you been c	onvicted of a felony within th	e last 7 years?	□ No □ Yes		
If Yes, Please exp	olain				

Education

	Elementary	High	College/University Business/Trade/Technical	Graduate Professional
School Name				
Years Completed: (Circle)	4 5 6 7 8	9 10 11 12	1 2 3 4	1 2 3 4
Diploma/Degree				
Describe Course of Study:				
Describe Specialize	ed Training, Apprenticesh	nip, Skills and Extra-Cur	ricular Activities:	
Honors Received:				
State any additional	information you feel may	be helpful to us in cons	sidering your application.	
Give name, address	and telephone number o	of three references who a	are not related to you and	are not previous employers
Special Employme	nt Notice to Disabled Vetera	ans, Vietnam Era Veterans	, and Individuals With Physic	cal or Mental Handicaps.
affirmative action to e of the Rehabilitation	employ and advance in employ	ment qualified disabled vetera	Readjustment Act of 1974 which ans and veterans of the Vietnam actors to take affirmative action t	Era, and Section 503
provide information remanner. This informa	egarding proper placement and	d appropriate accommodation	ed to volunteer this information. In to enable you to perform the journation will not jeopardize or an	b in a proper and safe
If you wish to be ider	ntified, please sign below.			
	☐ Handicapped Indiv	vidual ☐ Disabled Veterar	n □ Vietnam Era Veteran	

Employment Experience

Start with your present or last job. Include military service assignments and volunteer activities. Exclude organization names which indicate race, color, religion, sex or national origin.

Employer	Dates Er	nployed	Work Performed
	From	То	Work i enormed
Address			
lob Title	Hourly Ra		
Number de la cu	Starting	Final	
Supervisor			
Reason for leaving			
mployer	Dates Er		Work Performed
Addis	From	То	
Address			
lob Title	Hourly Ra		
	Starting	Final	
Supervisor			
Reason for leaving			
Employer	Dates Er		Work Performed
Address	From	То	
lob Title	Hourly Ra		
Supervisor	Starting	Final	
supervisor			
Reason for leaving			
Employer	Dates Er	nployed	Moule Doutoussed
	From	To	Work Performed
Address			
ob Title	Hourly Ra	te/Salary	
	Starting	Final	
Supervisor			
Reason for leaving			
If you need addition	onal space, please con	tinue on a sepa	arate sheet of paper.
pecial Skills and Qualifications			
ummarize special skills and qualificati	ions acquired from om	alaymant ar ath	por experience including military s

Applicants Statement

I hereby authorize the company, Snyder Assoc. Companies, to conduct an investigation concerning all statements contained in my application for employment, to interview all references, employers and schools and to conduct any other investigation that is deemed appropriate. I hereby release the Company and/or other individuals from any liability arising from the disclosure of any information pertaining to me which is obtained during said investigation.

I hereby understand and acknowledge that unless otherwise defined by applicable law, any employment relationship with this organization is of an "at will" nature, which means that the Employee may resign at any time and the Employer may discharge Employee at any time with or without cause. It is further understood that this "at will" employment relationship may not be changed by any written document or by conduct unless such change is specifically acknowledged in writing by an authorized executive of this organization.

I affirm that everything is true and correct on this application and I acknowledge that I can be terminated at any time if any information I supply is false. I affirm that I have a genuine intent and no other purpose in applying for a job with the company.

Signature of Applicant	Date

	For Personne	el Department Use (Only	
Arrange Interview	☐ Yes	□ No		
Remarks				
			Interviewer	Date
Employed ☐ Yes	□ No	Date of Employme	ent	
		Hourly Rate/		
Job Title		Salary	Department	
Ву				
	Name and Title		Date	