



Application for Employment

Date of Application: _____

Name: _____
(Last) (First) (Middle)

Address: _____
(Street) (City) (State) (ZipCode)

Home Number: _____ Cell Phone Number _____

Email Address: _____

How did you hear about the opening? _____

Position applying for? _____ Full or Part Time _____

Do you have friends or family members employed here? If yes Who: _____

Have you ever worked here before? If yes, identify position and dates of employment: _____

Education:

High School: Name and Address: _____
Major course of Study: _____
Graduated or GED: _____

College or Trade School: Name and Address: _____
Major course of Study: _____
Degree Obtained: _____

List any other special training/apprenticeships or honors: _____

Employment History:

Name and Address of Employer _____
Dates Employed _____ Position _____ Ending Salary _____

Reason for Leaving _____
May we contact? _____

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References: Please list 2 Work Related references and 1 Personal reference:

Name _____ Company _____
Title _____ Relationship to Applicant _____ Phone
Number _____ Years Known _____

Name _____ Company _____ Title _____
Relationship to Applicant _____ Phone
Number _____ Years Known _____

Name _____ Company _____
Title _____ Relationship to Applicant _____
Phone Number _____ Years Known _____

I understand that a drug test or criminal background check may be required as condition of employment. I understand that if the drug test or background check is required, I will be asked to sign an authorization prior to such drug test or background check.

I understand that nothing on this application is intended to create or imply a contractual relationship. If hired, I understand that employment is at-will, i.e., that it is not for any specific time period or duration, and can be terminated by me or by Vision Resources of Central Pennsylvania with or without reason at any time. While employment policies or procedures may change for time to time, only a written agreement signed by the company's executive director/president can change the employee's at-will status.

By signing this form I am giving my permission to Vision Resources of Central Pennsylvania to contact the references provided and stating that the information that I have provided in this application and on my resume, if any, are correct and accurate to the best of my knowledge.

Date _____ Signature _____

***Vision Resources of Central Pennsylvania is an Equal Opportunity Employer
Vision Resources of Central Pennsylvania
1130 South 19th Street
Harrisburg, PA 17104***

