

Compass Community Connections

31 S. Dorcas St.
Suite A
Lewistown, PA 17044
717-248-6261

PERSONAL INFORMATION

NAME _____ DATE _____
LAST FIRST MI

ADDRESS _____
STREET CITY STATE ZIPCODE

PHONE # _____ EMAIL _____

CONSUMER NAME (If Applicable) _____

Are you 18 years of age or older on your last birthday? _____ YES _____ NO

Do you have a valid driver's license with 3 years of clean driving history?
 _____ YES _____ NO

EMPLOYMENT DESIRED

POSITION APPLYING FOR: _____

DESIRE TO WORK: _____ FULL-TIME? _____ PART-TIME? _____ EITHER?

PLEASE INDICATE THE HOURS THAT YOU ARE AVAILABLE TO WORK IN THE MORNING, AFTERNOON, EVENING OR OVERNIGHT AND ON WHICH DAYS YOU ARE AVAILABLE AND WILLING TO WORK:

	MON.	TUES.	WED.	THUR.	FRI.	SAT.	SUN.
Morning							
Afternoon							
Evening							
Overnight							

ARE YOU AVAILABLE TO WORK ANY HOLIDAYS? _____ YES _____ NO

EDUCATION/EXPERIENCE

SCHOOL NAME & LOCATION	DEGREE	COURSE OF STUDY

SPECIAL SKILLS OR EXPERIENCE: _____

EMPLOYMENT HISTORY (*List last three employers, starting with the most recent.*)

DATE (month/yr)	EMPLOYER (name & address)	POSITION	Reason for Leaving
From: To:			
From: To:			
From: To:			

REFERENCES (*Please list three persons not related to you, whom you have known at least one year.*)

Name	Address	Telephone #	Yrs. known

Any new employee may be subject to a drug test prior to the date of employment or randomly thereafter. Any applicant/employee who tests positive for illegal use of drugs, refuses to submit to a drug test or interferes with a drug test will not be hired or may be subject to immediate dismissal if already employed.

My signature below verifies that I have never been convicted of a felony or other offenses & if the results of any criminal clearance check indicate otherwise, I understand that I will not be hired and/or may face immediate dismissal from employment.

I certify that information submitted by me on this application is true and complete, and I understand that if any false information, omissions, or misrepresentations are discovered, my application may be rejected and, if I am employed, my employment may be terminated. In consideration of my employment, I agree to conform to any rules and regulations of such, and I agree that my employment and compensation can be terminated, with or without cause, at any time by either my or my employer's option.

SIGNATURE _____ **DATE** _____