



**MUNCY**  
INDUSTRIES

Muncy™ Machine & Tool  
The Upson-Walton™ Company  
Newco™ Manufacturing  
Sea Fit™

PO BOX 205 MUNCY, PA 17756-0205

## **Application for Employment**

Date: \_\_\_\_\_ NAME: \_\_\_\_\_

LAST

FIRST

MIDDLE

Interviewed by: \_\_\_\_\_

### **How did you hear about us?**

☐ Advertisement

☐ Friend

☐ Walk-In

☐ Employment Agency

☐ Relative

Other/Explain: \_\_\_\_\_

### **EMPLOYMENT:**

POSITION APPLYING FOR: \_\_\_\_\_ SALARY DESIRED: \_\_\_\_\_

DATE YOU CAN START: \_\_\_\_/\_\_\_\_/\_\_\_\_

REFERRED BY: \_\_\_\_\_ TELEPHONE: \_\_\_\_\_

### **PERSONAL INFORMATION:**

**PRESENT ADDRESS:** \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

**PREVIOUS ADDRESS:** \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

TELEPHONE NUMBER: (\_\_\_\_) \_\_\_\_\_ S/S NUMBER: \_\_\_\_\_

- ARE YOU AT LEAST 18 YEARS OF AGE? ☐ Y ☐ N
- IF YOU ARE UNDER 18 YEARS OF AGE, CAN YOU PROVIDE WORKING PAPERS OR PROOF OF BEING OUT OF SCHOOL? ☐ Y ☐ N
- HAVE YOU EVER FILED AN APPLICATION WITH US BEFORE? ☐ Y ☐ N
- IF YES, GIVE DATE: \_\_\_\_\_
- HAVE YOU EVER BEEN EMPLOYED WITH US BEFORE? ☐ Y ☐ N
  - IF YES, GIVE DATE: \_\_\_\_\_
- ARE YOU CURRENTLY EMPLOYED? ☐ Y ☐ N
- IF YES, PLEASE GIVE NAME AND ADDRESS: \_\_\_\_\_
- MAY WE CONTACT YOUR PRESENT EMPLOYER? ☐ Y ☐ N

• ARE YOU CURRENTLY ON "LAY-OFF" STATUS AND SUBJECT TO RECALL? ☐ Y ☐ N

• CAN YOU TRAVEL IF A JOB REQUIRES IT? ☐ Y ☐ N

**NOTE: PRODUCTION POSITIONS REQUIRE HIGH PHYSICAL ABILITIES SUCH AS LIFTING, BENDING, AND CARRYING.**

• ARE YOU AWARE OF ANY PHYSICAL LIMITATIONS OR REQUIRE SPECIAL CONSIDERATION IN CONJUNCTION WITH THE POSITION YOU ARE APPLYING FOR? ☐ Y ☐ N

IF YES EXPLAIN: \_\_\_\_\_  
\_\_\_\_\_

• ARE YOU CAPABLE OF PERFORMING IN A REASONABLE MANNER, WITH OR WITHOUT A REASONABLE ACCOMMODATION, THE ACTIVITIES INVOLVED IN THE JOB OR OCCUPATION FOR WHICH YOU HAVE APPLIED? ☐ Y ☐ N

• HAVE YOU EVER BEEN ARRESTED? ☐ Y ☐ N

• ARE YOU PREVENTED FROM LAWFULLY BECOMING EMPLOYED IN THIS COUNTRY BECAUSE OF VISA OR IMMIGRATION STATUS? ☐ Y ☐ N

**EDUCATION:**

**HIGH SCHOOL:** \_\_\_\_\_

SCHOOL ADDRESS: \_\_\_\_\_

YEAR ATTENDED: \_\_\_\_\_ DID YOU GRADUATE? ☐ Y ☐ N

**COLLEGE:** \_\_\_\_\_

SCHOOL ADDRESS: \_\_\_\_\_

YEAR ATTENDED: \_\_\_\_\_ DID YOU GRADUATE? ☐ Y ☐ N

CURRICULUM: \_\_\_\_\_

**TRADE/BUSINESS:** \_\_\_\_\_

ADDRESS: \_\_\_\_\_

YEAR ATTENDED: \_\_\_\_\_ DID YOU GRADUATE? ☐ Y ☐ N

CURRICULUM: \_\_\_\_\_

GENERAL SKILLS/TRAINING: \_\_\_\_\_  
\_\_\_\_\_

LIST PROFESSIONAL, TRADE, BUSINESS, OR CIVIC ACTIVITIES AND OFFICE HELD:

\_\_\_\_\_

STATE ANY ADDITIONAL INFORMATION YOU FEEL MAY BE HELPFUL TO US IN CONSIDERING YOUR APPLICATION:

\_\_\_\_\_

\_\_\_\_\_

**U.S. ARMED FORCES SERVICE:**

BRANCH: \_\_\_\_\_ RANK: \_\_\_\_\_

HONORABLE DISCHARGE? ☐ Y ☐ N DATE DISCHARGED: \_\_\_\_/\_\_\_\_/\_\_\_\_

PRESENT MEMBERSHIP IN NATIONAL GUARD OR RESERVES? ☐ Y ☐ N

BRANCH: \_\_\_\_\_

**FORMER EMPLOYERS:**

LIST BELOW YOUR LAST THREE EMPLOYERS, STARTING WITH THE MOST RECENT FIRST:

1. **EMPLOYERS NAME:** \_\_\_\_\_  
EMPLOYER'S ADDRESS: \_\_\_\_\_  
FROM: \_\_\_\_\_ To: \_\_\_\_\_ SALARY: \_\_\_\_\_ POSITION \_\_\_\_\_  
(MONTH/YEAR)  
PHONE #: \_\_\_\_\_ REASON FOR LEAVING: \_\_\_\_\_
2. **EMPLOYERS NAME:** \_\_\_\_\_  
EMPLOYER'S ADDRESS: \_\_\_\_\_  
FROM: \_\_\_\_\_ To: \_\_\_\_\_ SALARY: \_\_\_\_\_ POSITION \_\_\_\_\_  
(MONTH/YEAR)  
PHONE #: \_\_\_\_\_ REASON FOR LEAVING: \_\_\_\_\_
3. **EMPLOYERS NAME:** \_\_\_\_\_  
EMPLOYER'S ADDRESS: \_\_\_\_\_  
FROM: \_\_\_\_\_ To: \_\_\_\_\_ SALARY: \_\_\_\_\_ POSITION \_\_\_\_\_  
(MONTH/YEAR)  
PHONE #: \_\_\_\_\_ REASON FOR LEAVING: \_\_\_\_\_

IS THERE ANY EMPLOYER ABOVE LISTED WHOM YOU **DO NOT** WANT US TO CONTACT? ☐ Y ☐ N  
WHY? \_\_\_\_\_

**REFERENCES:**

INFORMATION REQUIRES ONE PERSONAL AND TWO FORMER EMPLOYERS. INDICATE PERSONAL REFERENCE BY USING AN ASTERISK (\*).

1. Name: \_\_\_\_\_ Business: \_\_\_\_\_  
Years Known: \_\_\_\_\_ Telephone: ( \_\_\_\_ ) \_\_\_\_\_ - \_\_\_\_\_
2. Name: \_\_\_\_\_ Business: \_\_\_\_\_  
Years Known: \_\_\_\_\_ Telephone: ( \_\_\_\_ ) \_\_\_\_\_ - \_\_\_\_\_
3. Name: \_\_\_\_\_ Business: \_\_\_\_\_  
Years Known: \_\_\_\_\_ Telephone: ( \_\_\_\_ ) \_\_\_\_\_ - \_\_\_\_\_

The Age Discrimination Act of 1987 prohibits discrimination on the basis of age with respect to individuals who are at least 40 years of age.

The Americans with Disabilities Act of 1990, effective July 26, 1992 requires equal opportunity in all employment practices including selection, testing, and hiring of qualified applicants with disabilities.

I certify that the facts contained in this application are true and complete to the best of my knowledge and understand that if employed, falsified statements or purposely deceptive information given shall be grounds for dismissal. I authorize investigation of all statements contained herein and references listed above, to give you any and all information concerning my previous employment and any pertinent information they may have, and agree to release all parties from all liability for any damage that may result from furnishing this information. I understand and agree that if hired, my employment is for no definite period and may, regardless of the date of payment of my wages and salary, be terminated at any time, without prior notice, without cause, and at will.

MUNCY MACHINE & TOOL CO., INC, THE UPSON-WALTON COMPANY AND MUNCY ACQUISITIONS, LLC ARE EQUAL OPPORTUNITY EMPLOYERS.

DATE: \_\_\_\_/\_\_\_\_/\_\_\_\_ SIGNATURE: \_\_\_\_\_

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## **Official Use Only**

Hire Date: \_\_\_\_/\_\_\_\_/\_\_\_\_ Wage: \_\_\_\_\_ Background Checked? ☐ Y ☐ N

Shift: ☐ 1<sup>st</sup> ☐ 2<sup>nd</sup> ☐ 3<sup>rd</sup> Shift Start Time: \_\_\_\_\_

Remarks:

\_\_\_\_\_  
\_\_\_\_\_