



Muncy Machine & Tool
The Upson-Walton Company
Muncy Measurements
Newco Manufacturing

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

CURRICULUM: _____

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: _____

MONTH/YEAR

FROM: _____ To: _____ SALARY: _____ POSITION _____

PHONE #: _____ REASON FOR LEAVING: _____

2. **EMPLOYERS NAME:** _____

EMPLOYER'S ADDRESS: _____

MONTH/YEAR

FROM: _____ To: _____ SALARY: _____ POSITION _____

PHONE #: _____ REASON FOR LEAVING: _____

3. **EMPLOYERS NAME:** _____

EMPLOYER'S ADDRESS: _____

MONTH/YEAR

FROM: _____ To: _____ SALARY: _____ POSITION _____

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: _____

Official Use Only

Hire Date: ____/____/____ Wage: _____ Background Checked? Y N

Shift: 1st 2nd 3rd

Shift Start Time: _____

Remarks:
