



APPLICATION FOR EMPLOYMENT

Berks Homes is an equal opportunity employer and does not unlawfully discriminate in employment. No question on this application is used for the purpose of limiting or excluding any applicant from consideration for employment on a basis prohibited by local, state, or federal law. Equal access to employment, services, and programs is available to all persons. Those applicants requiring reasonable accommodations to the application and/or interview process should notify a representative of the organization.

NAME (FIRST, MI, LAST)		SOCIAL SECURITY NUMBER		TODAY'S DATE	
ADDRESS		CITY		STATE	ZIP
TELEPHONE NO. ()	POSITION APPLYING FOR		DATE YOU CAN START	SALARY DESIRED	
EMPLOYMENT DESIRED:	<input type="checkbox"/> Full-time <input type="checkbox"/> Part-time <input type="checkbox"/> Temporary/Seasonal <input type="checkbox"/> Other _____				
REFERRED BY:	<input type="checkbox"/> Advertisement <input type="checkbox"/> Walk-In <input type="checkbox"/> Employee _____		<input type="checkbox"/> Other _____		

(Please check each response)	Yes	No
Are you currently employed?	<input type="checkbox"/>	<input type="checkbox"/>
If so, may we contact your present employer for references? <input type="checkbox"/> N/A	<input type="checkbox"/>	<input type="checkbox"/>
Have you ever been previously employed by our organization? If so, when _____	<input type="checkbox"/>	<input type="checkbox"/>
Can you submit proof of legal employment authorization and identity?	<input type="checkbox"/>	<input type="checkbox"/>
If you are under 18, can you furnish a work permit if it is required? <input type="checkbox"/> N/A (over 18)	<input type="checkbox"/>	<input type="checkbox"/>
If applicable, do you have a current valid PA motor vehicle operator's license?	<input type="checkbox"/>	<input type="checkbox"/>
Have you ever been convicted of a felony, or within two years a misdemeanor which resulted in imprisonment? (A conviction will not necessarily disqualify you from the job requested.) If yes, please give dates and details on the back of this form.	<input type="checkbox"/>	<input type="checkbox"/>

Educational History

School Name and Location	HIGH SCHOOL	TECHNICAL SCHOOL	COLLEGE	GRADUATE SCHOOL
Years Completed (please circle)	9 10 11 12	1 2 3 4	1 2 3 4	1 2 3 4
Diploma Degree (please circle)	Yes No	Yes No	Yes No	Yes No
Degree Earned				
Course of Study				

References

List 3 business-related references names, relationship and telephone numbers

NAME	RELATIONSHIP	TITLE/COMPANY NAME	PHONE NUMBER
			()
			()
			()

Other Skills and Qualifications

Summarize any job-related training, skills, licenses, certificates, and/or other qualifications: _____

Employment History

Provide the following information of your past and current employers, assignments, or volunteer activities, starting with the most recent (use additional sheets if necessary). Explain any gaps in employment in comments section below.

EMPLOYER ()	TELEPHONE # ()	DATES EMPLOYED		TYPE OF WORK PERFORMED AND JOB RESPONSIBILITIES
		TO	FROM	
STARTING JOB TITLE	FINAL JOB TITLE			
		STARTING SALARY		
IMMEDIATE SUPERVISOR & TITLE		\$	<input type="checkbox"/> per hour <input type="checkbox"/> annually	
REASON FOR LEAVING		ENDING SALARY		
MAY WE CONTACT FOR REFERENCE? <input type="checkbox"/> Yes <input type="checkbox"/> No		\$	<input type="checkbox"/> per hour <input type="checkbox"/> annually	

EMPLOYER ()	TELEPHONE # ()	DATES EMPLOYED		TYPE OF WORK PERFORMED AND JOB RESPONSIBILITIES
		TO	FROM	
STARTING JOB TITLE	FINAL JOB TITLE			
		STARTING SALARY		
IMMEDIATE SUPERVISOR & TITLE		\$	<input type="checkbox"/> per hour <input type="checkbox"/> annually	
REASON FOR LEAVING		ENDING SALARY		
MAY WE CONTACT FOR REFERENCE? <input type="checkbox"/> Yes <input type="checkbox"/> No		\$	<input type="checkbox"/> per hour <input type="checkbox"/> annually	

EMPLOYER ()	TELEPHONE # ()	DATES EMPLOYED		TYPE OF WORK PERFORMED AND JOB RESPONSIBILITIES
		TO	FROM	
STARTING JOB TITLE	FINAL JOB TITLE			
		STARTING SALARY		
IMMEDIATE SUPERVISOR & TITLE		\$	<input type="checkbox"/> per hour <input type="checkbox"/> annually	
REASON FOR LEAVING		ENDING SALARY		
MAY WE CONTACT FOR REFERENCE? <input type="checkbox"/> Yes <input type="checkbox"/> No		\$	<input type="checkbox"/> per hour <input type="checkbox"/> annually	

Comments (include explanation of any gaps in employment) _____

yes no

Have you ever had any job-related training in the United States military?

If so, please provide dates and details _____

I hereby authorize Berks Homes to contact, obtain, and verify the accuracy of information contained in this application from all previous employers, educational institutions, and references. I also hereby release from liability Berks Homes and its representatives for seeking, gathering, and using such information to make employment decisions and all other persons or organizations for providing such information.

I understand that any misrepresentation or material omission made by me on this application will be sufficient cause for cancellation of this application or immediate termination of employment if I am employed, whenever it may be discovered.

If I am employed, I acknowledge that there is no specified length of employment and that this application does not constitute an agreement or contract for employment. Accordingly, either the employer or I can terminate the relationship at will, with or without cause, at any time, so long as there is no violation of applicable federal or state law.

I understand that it is the policy of this organization not to refuse to hire or otherwise discriminate against a qualified individual with a disability because of that persons need for a reasonable accommodation as required by the ADA.

I also understand that if I am employed, I will be required to provide satisfactory proof of identity and legal work authorization within three days of being hired. Failure to submit such proof within the required time shall result in immediate termination of employment.

I represent and warrant that I have read and fully understand the foregoing, and that I seek employment under these conditions.

Applicant signature: _____ Date: _____

Has the Job Description been reviewed with the applicant? Yes No
 Is the applicant able to perform the essential functions of the position? Yes No Applicant initials & date: _____
 If no, are there reasonable accommodations that can be made to allow you to perform the essential functions of the job? Yes No
 If yes, please use the back of this sheet to list these accommodations.