



1221 E. Main Street • Palmyra, PA • 17078
Phone: 717-832-2800 Fax: 717-832-1740
www.phillamixers.com

APPLICATION FOR EMPLOYMENT

Today's Date: ___/___/___

How did you hear about this position? _____

PERSONAL INFORMATION:

Last Name _____ First Name: _____ Middle: _____

Social Security Number: _____ - _____ - _____ Street Address: _____

City, State, Zip: _____

Phone: (____) _____ Alternate #: (____) _____

E-mail: _____ Are You Authorized to Work in the U.S.? _____ YES _____ NO

Position(s) Applied For: _____

Please Check One: _____ Full Time _____ Part Time _____ Seasonal/Temporary

Have You Previously Worked for Philadelphia Mixing Solutions? _____ YES _____ NO

If YES, please provide dates of employment and job title: _____

Are you related to any employee of Philadelphia Mixing Solutions? _____

Have you been convicted of a crime in the last ten years? _____ YES _____ NO

If YES, please explain: _____
(Note, a conviction does not necessarily exclude you from employment.)

<u>EDUCATION:</u>	Name/City/State	Degree	Course of study	No. Years Completed	Did You Graduate?
Graduate	_____	_____	_____	_____	_____
College	_____	_____	_____	_____	_____
Trade/ Technical	_____	_____	_____	_____	_____
H.S.	_____	_____	_____	_____	_____

MILITARY:

Did you ever serve in the U.S. Armed Forces? _____ YES _____ NO If YES, which branch? _____

Dates Served: ___/___/___ to ___/___/___ Do you have security clearance? _____

Describe any training or experience that would be relevant to the job for which you are applying: _____

SKILLS:

List any skills/experience you feel are relevant to this position (including software programs):



1221 E. Main Street • Paimyra, PA • 17078
 Phone: 717-832-2800 Fax: 717-832-1740
 www.philamixers.com

Beginning with your most recent employment, please list the last three jobs you have held, and provide all details requested, even if you have attached a resume. Please attach a separate sheet if necessary.

Name of Employer		Type of Business	
Address			Phone () -
Dates Employed	Last Title	Final Salary \$ per	
Name of Supervisor		May we contact now? <input type="checkbox"/> No <input type="checkbox"/> Yes	Reason for leaving
Brief description of duties			

Name of Employer		Type of Business	
Address			Phone () -
Dates Employed	Last Title	Final Salary \$ per	
Name of Supervisor		May we contact now? <input type="checkbox"/> No <input type="checkbox"/> Yes	Reason for leaving
Brief description of duties			

Name of Employer		Type of Business	
Address			Phone () -
Dates Employed	Last Title	Final Salary \$ per	
Name of Supervisor		May we contact now? <input type="checkbox"/> No <input type="checkbox"/> Yes	Reason for leaving
Brief description of duties			

In consideration of my employment, I authorize Philadelphia Mixing Solutions to fully investigate my record and work qualifications either before or after my employment by the Company. It is understood and agreed that misrepresentation by me in the application will be cause for cancellation of this application and/or separation from the company if I have already been employed.

I agree to conform to the rules and regulations of Philadelphia Mixing Solutions, and my employment and compensation can be terminated with or without cause, and with or without notice, at any time, at the option of either the company or myself. I understand that no manager or representative of the company other than the President or Chief Executive Officer has any authority to enter into any agreement for employment for any specified period of time or to make any agreement contrary to the foregoing.

NOTICE TO DISABLED VETERANS, VIETNAM ERA VETERANS AND INDIVIDUALS
 WITH PHYSICAL OR MENTAL HANDICAPS

As a government contractor, this facility is subject to Section 402 of the Vietnam Era Veterans Readjustment Act of 1974, which requires that affirmative action be taken to employ and advance in employment qualified disabled veterans and veterans of the Vietnam Era. The facility is also subject to Section 503 of the Rehabilitation Act of 1973, as amended, which requires government contractors to take affirmative action to employ and advance in employment qualified disabled individuals.

If you are a disabled veteran, or have a physical or mental handicap, you are invited to volunteer this information to the Human Resources Department. Information so obtained will be kept confidential and used only to assure proper job placement and to determine what accommodations can be made so that you may perform your job properly and safely. Failure to provide this information will in no way jeopardize your status at this facility, nor preclude your participation in the program at a later date, if you so desire. If you wish to be identified, please check:

Handicapped Veteran Disabled Veteran Vietnam Era Veteran Prefer Not to Disclose

Date _____

Signature _____