



York Office
1405 N. Duke St.
PO Box 15627
York, PA 17405-0156
Phone (717) 845-1584
Fax (717) 854-6376
http://www.yatb.com

Gettysburg Office
240 West Street
PO Box 4374
Gettysburg, PA 17325
Phone (717) 334-4000
Fax (717) 337-2565
email: info@yatb.com

APPLICATION FOR EMPLOYMENT

We consider applicants for all positions without regard to race, color, religion, sex, national origin, age, marital or veteran status, the presence of a non-job related medical condition or disability, or any other legally protected status.

(PLEASE PRINT OR TYPE)

Date of Application \_\_\_\_\_

Position(s) Applied For \_\_\_\_\_

How Did You Learn About Us? \_\_\_ Advertisement \_\_\_ Friend \_\_\_ Relative
\_\_\_ Employment Agency \_\_\_ Walk-in \_\_\_ Other

Name \_\_\_\_\_
Last First Middle

Address \_\_\_\_\_
Number Street City State Zip Code

Telephone (\_\_\_\_\_) \_\_\_\_\_ Social Security Number \_\_\_\_\_
Area Code

If you are under the age of 18, can you provide required proof of your eligibility to work? \_\_\_ Yes \_\_\_ No

Have you ever filed an application with us before? \_\_\_ Yes \_\_\_ No

If yes, give date \_\_\_\_\_

Have you ever been employed with us before? \_\_\_ Yes \_\_\_ No

Have you ever been bonded? \_\_\_ Yes \_\_\_ No

If yes, with what employer? \_\_\_\_\_

Salary desired \_\_\_\_\_

Are you prevented from lawfully becoming employed in this country because of visa or immigration status? \_\_\_ Yes \_\_\_ No
(Proof of citizenship or immigration status will be required upon employment)

On what date would you be available for work? \_\_\_\_\_

Type of Position you are seeking: \_\_\_\_\_ Full-Time \_\_\_\_\_ Part-Time \_\_\_\_\_ Temporary

What hours can you work? \_\_\_\_\_

Will you work additional hours if asked? \_\_\_\_\_ Yes \_\_\_\_\_ No

Are you currently on "lay-off" status and subject to recall? \_\_\_\_\_ Yes \_\_\_\_\_ No

Have you been convicted of a crime in the past ten years, excluding misdemeanors and summary offenses, which has not been annulled, expunged or sealed by a court?  
\_\_\_\_\_ Yes \_\_\_\_\_ No

If yes, describe in full: \_\_\_\_\_  
(Conviction will not necessarily disqualify an applicant for employment)

### **EDUCATION**

School Name and Location:

High School \_\_\_\_\_

Years Completed (9-12) \_\_\_\_\_ Diploma/Degree \_\_\_\_\_

Describe Course of Study \_\_\_\_\_

Undergraduate College/University \_\_\_\_\_

Years Completed (1-4) \_\_\_\_\_ Diploma/Degree \_\_\_\_\_

Describe Course of Study \_\_\_\_\_

Graduate/Professional \_\_\_\_\_

Years Completed (1-4) \_\_\_\_\_ Diploma/Degree \_\_\_\_\_

Describe Course of Study \_\_\_\_\_

Describe any specialized training, apprenticeship, skills or extra-curricular activities:

---

---

Describe any honors you have received: \_\_\_\_\_

---

---

State any additional information you would like us to consider in your application:

---

---

Indicate any languages other than English you can speak, read and/or write:

	Fluent	Good	Fair
Speak	_____	_____	_____
Read	_____	_____	_____
Write	_____	_____	_____

List any professional, trade, business or civics activities and offices held. (Exclude any memberships that would reveal sex, race, national origin, religion, age, ancestry, disability or other protected status): \_\_\_\_\_

\_\_\_\_\_

**REFERENCES**

Give name, address and telephone number of three references who are not related to you and are not previous employers. Please state their occupation and indicate the number of years you have been acquainted with that person.

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_

**EMPLOYMENT**

Please give accurate, complete full- and part-time employment record. Start with your present or most recent employer.

1. \_\_\_\_\_

Company Name	Address			
_____				
Telephone	Name of Supervisor			
_____				
Date(s) Employed	(Start)	_____	(Last)	_____
		(Weekly or Hourly Rate)		

State Job Title and Describe Your Work \_\_\_\_\_

\_\_\_\_\_

Reason for Leaving \_\_\_\_\_

\_\_\_\_\_

\*\*\*\*\*

2. \_\_\_\_\_

Company Name	Address
_____	
Telephone	Name of Supervisor

\_\_\_\_\_ (Start) \_\_\_\_\_ (Last) \_\_\_\_\_  
Date(s) Employed (Weekly or Hourly Rate)

State Job Title and Describe Your Work \_\_\_\_\_

Reason for Leaving \_\_\_\_\_

\*\*\*\*\*

3. \_\_\_\_\_  
Company Name Address

Telephone Name of Supervisor

\_\_\_\_\_ (Start) \_\_\_\_\_ (Last) \_\_\_\_\_  
Date(s) Employed (Weekly or Hourly Rate)

State Job Title and Describe Your Work \_\_\_\_\_

Reason for Leaving \_\_\_\_\_

\*\*\*\*\*

4. \_\_\_\_\_  
Company Name Address

Telephone Name of Supervisor

\_\_\_\_\_ (Start) \_\_\_\_\_ (Last) \_\_\_\_\_  
Date(s) Employed (Weekly or Hourly Rate)

State Job Title and Describe Your Work \_\_\_\_\_

Reason for Leaving \_\_\_\_\_

**DO NOT CONTACT**

We may contact the employers listed above unless you indicate those you do not want us to contact.

Employer(s) \_\_\_\_\_

Reason(s) \_\_\_\_\_

**MILITARY**

Did you serve in the U.S. Armed Forces? \_\_\_\_\_ Yes \_\_\_\_\_ No

If "Yes," in what branch? \_\_\_\_\_

Describe any training received relevant to the position you are seeking. \_\_\_\_\_

\_\_\_\_\_

**APPLICANT'S STATEMENT**

I certify that the information and answers given on this application and on any supporting documentation are true and complete to the best of my knowledge.

I authorize investigation of all statements contained in this application for employment as may be necessary in arriving at an employment decision.

This application for employment shall be considered active for a period of time not to exceed 45 days. Any applicant wishing to be considered for employment beyond this time period should inquire as to whether or not applications are being accepted at that time.

I hereby understand and acknowledge that, unless otherwise defined by applicable law, any employment relationship with this organization is of an **"at will"** nature, which means that the Employee may resign at any time and the Employer may discharge Employee at any time with or without cause. It is further understood that this **"at will"** employment relationship may not be changed by any written document or by conduct unless such change is specifically acknowledge in writing by an authorized executive of this organization.

In the event of employment, I understand that false or misleading information given in my application or interview(s) may result in my discharge. I understand also that I am required to abide by all rules and regulations and policies of the employer.

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date

