

U. S. MUNICIPAL SUPPLY, INC.

Phone: 814-627-4671

P.O. BOX 574, Huntingdon, PA 16652-0574

Fax: 814-627-3381

EMPLOYMENT APPLICATION

Executive Order 11246 bars discrimination in employment because of race, color, religion, sex, or national origin.

Public law 90.202 prohibits discrimination because of age.

PERSONAL INFORMATION:

Date: _____

Name: _____

Last
First
Middle

Present Address:

_____ Street _____ City _____ State _____ Zip

Telephone: _____ Business Phone: _____

In Case of Emergency Notify: _____ Telephone: _____

Relationship: _____

Military Status (if applicable): _____

EDUCATION

Show complete record commencing with High School, including major courses

SCHOOL	NAME	LOCATION	GRADUATED	
			YES	NO
High School				
College:				
Graduate				
Other				

FOREIGN LANGUAGES *(Indicate slight-fair-fluent)*

Languages List : _____ _____ _____	Speak	Read	Write	
Scholastic Honors or Extra Curricular Activities	List: _____ _____ _____			

SKILLS IN EQUIPMENT, FIELD , OR OFFICE: *(check appropriate boxes)*

<input type="checkbox"/> Calculator	<input type="checkbox"/> Statistical Records	<input type="checkbox"/> Cash Register
<input type="checkbox"/> Switchboard	<input type="checkbox"/> Filing	<input type="checkbox"/> Typewriter WPM
<input type="checkbox"/> Keyboard	<input type="checkbox"/> Records	<input type="checkbox"/> Shorthand WPM
<input type="checkbox"/> Computer Skills <i>(list)</i>	_____	

<input type="checkbox"/> Inventory	<input type="checkbox"/> Warehousing	<input type="checkbox"/> Truck Driver
<input type="checkbox"/> Mechanic	<input type="checkbox"/> Hi-Lift	<input type="checkbox"/> Backhoe
<input type="checkbox"/> Tele-Marketing	<input type="checkbox"/> Welding	<input type="checkbox"/> Other

BUSINESS RECORD AND REFERENCES:

Important: List every employment whether or not it seems relevant to position applied for. If lapses occurred between periods of employment, give dates of and reason for unemployment.

PRESENT OR LAST EMPLOYER

Employer: _____ Telephone: _____

Address: _____
Street City State Zip

Nature of Business: _____

Employment Dates From: _____ To: _____	Title of Position _____	No. of People Supervised _____	Name & Title of Supervisor _____
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Reason for desiring change or leaving: _____ _____	Starting Salary _____	Final Salary _____
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May we contact? Yes _____ No _____

Description of duties: _____

NEXT PREVIOUS EMPLOYER

Employer: _____ Telephone: _____

Address: _____
Street City State Zip

Nature of Business: _____

Employment Dates From: _____ To: _____	Title of Position _____	No. of People Supervised _____	Name & Title of Supervisor _____
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Reason for desiring change or leaving: _____ _____	Starting Salary _____	Final Salary _____
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May we contact? Yes _____ No _____

Description of duties: _____

NEXT PREVIOUS EMPLOYER

Employer: _____ Telephone: _____

Address: _____
Street City State Zip

Nature of Business: _____

Employment Dates From: _____ To: _____	Title of Position _____	No. of People Supervised _____	Name & Title of Supervisor _____
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Reason for desiring change or leaving: _____ _____	Starting Salary _____	Final Salary _____
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May we contact? Yes _____ No _____

Description of duties: _____

APPLICANT IDENTIFICATION FORM

The completion of this form is voluntary. The information will be retained in a separate file for Affirmative Action purposes. Your cooperation is appreciated.

Name: _____ Social Security No: _____
Last First Middle

Address: _____
Street City State Zip

Home Telephone: _____ Work Phone: _____

***POSITION (S) APPLIED FOR: _____

How do you describe yourself? Sex: Male _____ Female _____

_____ Black (Not Hispanic)

_____ Hispanic

_____ White (Not Hispanic)

_____ American Indian

_____ Alaskan Naptive

_____ Asian / Pacific Islander

_____ Other (Please Specifiy) _____

How did you learn of these positions?

_____ Vacancy Announcement

_____ Media Advertisement

_____ Friend / Relative

_____ Educational Institution Placement

_____ Equal Opportunity Recruitment Center

_____ Professional Organization / Society

_____ Other (Please Explain) _____

Signature: _____ Date: _____

ADDITIONAL DETAILS

Please list any additional employment not shown or any information you believe would be helpful to us.

Personal References: List three (3) persons other than relatives or former employers.

<i>Name</i>	<i>Address</i>	<i>Phone</i>	<i>Occupation</i>
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****We assure you that your opportunity for employment with this company will be based solely on your merit and on no other consideration.***