



APPLICATION FOR EMPLOYMENT

1235 Ritner Highway
Carlisle, PA 17013
(717) 243-2033

GENERAL INFORMATION				
Name (Last)	(First)	(Middle Initial)	Home Telephone	
			() -	
Address	City	State	Zip	Other Telephone
				() -
Date of Birth		Social Security Number		
Emergency Contact		Relation		Emergency Telephone
				() -
Referred By				

POSITION			
Position or Type of Employment Desired			WILL ACCEPT Part-Time Full-Time Temporary
Are you employed now? YES NO		Have you ever been convicted of a felony? YES NO	
Salary Desired:	Are you legally entitled to work in the U.S.? YES NO		Date Available for Work:

EDUCATION AND TRAINING			
High School Graduate or General Education (GED) Test Passed? YES NO			
If no, list the highest grade completed:			
HIGH SCHOOL, COLLEGE, BUSINESS SCHOOL, MILITARY (Most recent first)			
Name and Location	Dates Attended Month/Year	Graduate	Major or Subject
	FROM	YES	
	TO	NO	
	FROM	YES	
	TO	NO	
	FROM	YES	
	TO	NO	
Languages Read, Written or Spoken Fluently Other Than English:			

SPECIAL SKILLS (List all pertinent skills and equipment that you can operate)

REQUEST FOR BACKGROUND CHECK				
NAME (First)	(Middle)	(Last)	Date	
Address		City	State	Zip
Date of Birth	Social Security #		Drivers License #	State
I hereby authorize Zeigler's Storage & Transfer, Inc. to obtain a background check for the purpose of employment or contractual agreement with Zeigler's Storage & Transfer, Inc. or any agent or branch location representing Zeigler's Storage & Transfer, Inc.				
Print Name (First and Last)		Signature		Date

REFERENCES (Give below the names of 3 persons not related to you, whom you have known at least 1 year.)

Name	Address	Business	Years Known

WORK EXPERIENCE (Most Recent First) (Include voluntary work and military experience)

Employer		Telephone	From (month/year)
		() -	
Address:		Hourly Rate	To (month/year)
Job Title:		Supervisor	May we contact this employer? YES NO
Specific Duties:			
Reason for Leaving:			

Employer		Telephone	From (month/year)
		() -	
Address:		Hourly Rate	To (month/year)
Job Title:		Supervisor	May we contact this employer? YES NO
Specific Duties:			
Reason for Leaving:			

Employer		Telephone	From (month/year)
		() -	
Address:		Hourly Rate	To (month/year)
Job Title:		Supervisor	May we contact this employer? YES NO
Specific Duties:			
Reason for Leaving:			

Employer		Telephone	From (month/year)
		() -	
Address:		Hourly Rate	To (month/year)
Job Title:		Supervisor	May we contact this employer? YES NO
Specific Duties:			
Reason for Leaving:			

I CERTIFY THE INFORMATION CONTAINED IN THIS APPLICATION IS TRUE, CORRECT, AND COMPLETE. I UNDERSTAND THAT, IF EMPLOYED, FALSE STATEMENTS REPORTED ON THIS APPLICATION MAY BE CONSIDERED SUFFICIENT CAUSE FOR DISMISSAL.

Signature of Applicant:		Date:	
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