

# Application For Employment

Beaver Co. Association for the Blind  
616 Fourth Street  
Beaver Falls, PA 15010  
724-843-1111 • FAX: 724-843-8886

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 handicap, or any other legally protected status. Disabled persons are strongly urged to apply.

(PLEASE PRINT)

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

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

Referral Source:  Vocational Rehab. Agency  Advertisement  Friend  
 Relative  Walk-in  Employment Agency  Other \_\_\_\_\_

Name \_\_\_\_\_  
LAST FIRST MIDDLE

Address \_\_\_\_\_  
NUMBER STREET CITY STATE ZIP CODE

Telephone ( ) \_\_\_\_\_

DATE OF BIRTH \_\_\_\_\_ HAVE OWN TRANSPORTATION \_\_\_\_\_

If employed and you are under 18,  
can you furnish a work permit?  Yes  No

Have you filed an application here before?  Yes  No If yes, give date \_\_\_\_\_

Have you ever been employed here before?  Yes  No If yes, give date \_\_\_\_\_

Are you employed now?  Yes  No May we contact your present employer?  Yes  No

Are you prevented from being lawfully 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? \_\_\_\_\_

Are You Available to Work  Full-Time  Part-Time  Shift Work  Temporary

Are you on lay-off and subject to recall?  Yes  No

Can you travel if a job requires it?  Yes  No

Have you been convicted of a felony within the last 7 years?  Yes  No

(Conviction will not necessarily disqualify applicant from employment.)

If Yes, please explain \_\_\_\_\_

AN EQUAL OPPORTUNITY EMPLOYER

Veteran of the U.S. Military service?  Yes  No      If Yes, Branch \_\_\_\_\_

Indicate languages you speak, read, and/or write

	FLUENT	GOOD	FAIR
SPEAK			
READ			
WRITE			

List Professional, trade, business, or civic activities and offices held.

(You may exclude memberships which would reveal sex, race, religion, national origin, age, ancestry, or handicap or other protected status):

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Give name, address, and telephone number of three references who are not related to you and are not previous employers.

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Special Employment Notice to Disabled Veterans, Vietnam Era Veterans, and Individuals With Physical or Mental Handicaps.

Government contracts are subject to 38 USC 2012 of the Viet Era Veterans Readjustment Acts of 1974 which requires that they take affirmative action to employ and advance in employment qualified disabled veterans of the Vietnam Era, and 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 handicapped individuals.

If you are a disabled veteran, or have a physical or mental handicap, you are invited to volunteer this information which will be treated as confidential. Failure to provide this information will not jeopardise or adversely affect your consideration for employment. BCAB grants a higher status to handicapped/disabled persons for employment purposes.

If you wish to be identified, please sign below.

Handicapped Individual       Disabled Veteran       Vietnam Era Veteran

Signed \_\_\_\_\_

Nature of handicap/disability:

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# Employment Experience

Start with your present or last job. Include military service assignments and volunteer activities. You may exclude organization names which indicate race, color, religion, gender, national origin, or other protected status.

Employer	Telephone (    )	Dates Employed		Work Performed
		From	To	
Address				
Job Title		Hourly Rate/Salary		
		From	To	
Supervisor				
Reason For Leaving				
Employer	Telephone (    )	Dates Employed		Work Performed
		From	To	
Address				
Job Title		Hourly Rate/Salary		
		From	To	
Supervisor				
Reason For Leaving				
Employer	Telephone (    )	Dates Employed		Work Performed
		From	To	
Address				
Job Title		Hourly Rate/Salary		
		From	To	
Supervisor				
Reason For Leaving				
Employer	Telephone (    )	Dates Employed		Work Performed
		From	To	
Address				
Job Title		Hourly Rate/Salary		
		From	To	
Supervisor				
Reason For Leaving				

If you need additional space, please continue on a separate sheet of paper

## Special Skills and Qualifications

Summarize special skills and qualifications acquired from employment or other experience. \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

# Education

	Elementary					High				College/University				Graduate/ Professional			
School Name																	
Years Completed/Degree	4	5	6	7	8	9	10	11	12	1	2	3	4	1	2	3	4
Diploma/Degree																	
Describe Course of Study:																	
Describe Specialized Training, Apprenticeship, Skills, and Extra-Curricular Activities.																	

**Honors Received:** State any additional information you feel may be helpful to us in considering your application.

## Applicant's Statement

I certify that answers given herein are complete to the best of my knowledge.

I authorize investigations 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 this time.

The applicant understands that neither this document nor any offer of employment from the employer constitute an employment contract unless a specific document to that affect is executed by the employer and employee in writing. In the event of employment, I understand that false or misleading information given in my application or interview(s) may result in discharge. I understand, also, that I am required to abide by all rules and regulations of the employer.

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

\_\_\_\_\_  
Date

### For Personnel Department Use Only

Arrange Interview  Yes  No

Remarks \_\_\_\_\_

\_\_\_\_\_  
INTERVIEWER

\_\_\_\_\_  
DATE

Employed  Yes  No Date of Employment \_\_\_\_\_

Job Title \_\_\_\_\_ Hourly Rate/Salary \_\_\_\_\_ Department \_\_\_\_\_

By \_\_\_\_\_  
NAME AND TITLE DATE

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