



Application for Employment
for
Renewal Processing Inc,
Sensenig Transportation Inc, or
Route 44 Repair Center Inc

10705 State Route 44, Watsonstown PA 17777
Phone: 570-838-3838 Fax: 570-838-3840

We are an equal opportunity employer, dedicated to a policy of non-discrimination in employment on any basis including race, color, age, sex, religion, disability, or national origin. Consistent with the Americans of Disabilities Act, applicants may request accommodations needed to participate in the application process.

PERSONAL INFORMATION

Date _____ Full Name _____ Birthdate _____

Address _____

Social Security # _____ Phone #s: Daytime _____ Cell _____

Are you eligible to work in the United States? Yes ___ No ___ Nighttime _____

If you are under the age of 18, do you have Work Permit? Yes ___ No ___ Emergency _____

Have you been convicted of or pleaded no contest to a felony within the last 5 years? Yes ___ No ___

If yes, explain: _____ Referred by: _____

EMPLOYMENT DESIRED

Position _____ Date you can start _____ Salary expected _____

Are you employed now? Yes ___ No ___ If yes, may we inquire of your present employer? Yes ___ No ___

Have you ever applied to this company before? Yes ___ No ___ If yes, when? _____

EDUCATION

<u>Name or Location</u>	<u>Did you graduate?</u>	<u>Subjects & Degree</u>
High School _____	Yes ___ No ___	_____
College _____	Yes ___ No ___	_____
Trade School _____	Yes ___ No ___	_____

GENERAL

Job Related Skills (typing/laborer/trucking/mechanic) _____

EMPLOYMENT RECORD

Note: DOT requires that employment for at least 3 years and/or commercial driving experience for the past 10 years are shown.

Last Employer Name _____ Phone # _____

Address _____

Position Held _____ From _____ to _____

Reason(s) for leaving _____

Second Last Employer Name _____ Phone # _____

Address _____

Position Held _____ From _____ to _____

Reason(s) for leaving _____

Third Last Employer Name _____ Phone # _____

Address _____

Position Held _____ From _____ to _____

Reason(s) for leaving _____

Attach sheet if more space is needed.

Do you have a CDL A license? Yes ___ No ___

If yes, you will also need to complete the Driver Addendum to Application for Employment.

If you are to be hired by the company, you will be required to attest to your identity and employment eligibility and to present documents confirming your identity and employment eligibility. You cannot be hired if you cannot comply with these requirements.

AUTHORIZATION

I certify that the facts contained in this application (and accompanying resume or addendum, if any) are true and complete to the best of my knowledge. I understand that any false statement, omission, or misrepresentation on this application is sufficient cause for refusal to hire, or dismissal if I have been employed, no matter when discovered by the company.

I understand that any employment is conditioned on a background check. I authorize the company to thoroughly investigate all statements contained in my application or resume. I authorize my former employers and references to disclose information regarding my former employment, character, and general reputation to the company without giving me prior notice of such disclosure. In addition, I release the company, any former employers, and all references listed above from any and all claims, demands, or liabilities arising out of or related to such investigation or disclosure.

I understand and agree that nothing contained in this application, or conveyed during an interview, is intended to create an employment contract. I further understand and agree that if I am hired, my employment will be "at will" and without fixed term and may be terminated at any time, with or without cause and without prior notice, at the option of either myself or the company. No promises regarding employment have been made to me, and I understand that no such promise or guarantee is binding upon the company unless made in writing.

If I am offered employment, I agree to submit to medical examination and drug test before starting work. If employed, I also agree to submit to medical examination or drug test at any time deemed appropriate by the company as permitted by law. I consent to such examinations and tests, and I request that the examining doctor disclose to the company the results of the examination, which results shall remain confidential and segregated from my personal file. I understand that my employment or continued employment, to the extent permitted by law, is contingent upon satisfactory medical examinations and drug test, and if I am hired a condition of my employment will be that I abide by the company's drug and alcohol policy.

I understand that filling out this form does not indicate there is a position open and does not obligate the company to hire. If hired, I agree to abide by all company work rules, policies, and procedures. The company retains the right to revise its policies or procedures, in whole or in part, at any time.

Signature _____ Date _____