



Employment Application

Please read and follow these directions:

1. Type or print in all black ink.
2. Answer all questions completely and accurately.

Mailing Address:
 11858 State Route 85
 Kittanning, PA 16201

General Information

Name (Last, First, Middle) _____ Date of Application _____

Street Address _____ Primary Telephone _____ Work Telephone _____

City, State, ZIP Code _____ Alternate Phone _____ Birth Date, *If Under 18* _____

Have you ever worked for Bergad Inc.? No Yes If yes, complete A. and B.

A. Indicate dates of employment: _____ to _____

B. Department: _____ Position: _____

List any relatives employed at Bergad, Inc: _____

Can you, upon offer of employment, submit verification of your legal right to work in the United States? Yes No

Position/job number for which you are applying: _____

Type of employment desired: Full-time Part-time Temporary

Will you work overtime hours if needed? Yes No Date Available: _____

Will you work weekends? Yes No

If a valid driver's license is required for the position, please complete the following:

PA Driver's License #: _____ Expiration date: _____

Source of Referral (Check one): Self Newspaper Employment Agency Career Link Other

Employee Referral—Who? _____

Have you ever been convicted of a criminal offense (felony or serious misdemeanor)? Yes No

*If yes, state the nature of the crime(s), date and location where convicted and disposition of the case:

Note: If you answered "yes", please note that Bergad, Inc. will not necessarily reject your application. The nature of the offense, date of the offense, the surrounding circumstances and the relevance of the offense to the position(s) applied for may be considered.

Are you able to perform the essential functions of the job for which you are applying, either with or without reasonable accommodation? Yes No

*If no, describe the functions that cannot be performed:

Employment Record (FOR PAST TEN YEARS)

Present or most recent Employer:	Start Date:	Start Salary:	Initial Position Title:
Street Address:	End Date:	Final Salary:	Present/Final Position Title:
City, State, Zip Code:	Last Supervisor's Name:	Telephone:	

If currently employed, may we contact your supervisor or employer? Yes No

Responsibilities: _____

Reason for Leaving: _____

Employer:	Start Date:	Start Salary:	Initial Position Title:
Street Address:	End Date:	Final Salary:	Present/Final Position Title:
City, State, Zip Code:	Last Supervisor's Name:	Telephone:	

Responsibilities: _____

Reason for Leaving: _____

Employer:	Start Date:	Start Salary:	Initial Position Title:
Street Address:	End Date:	Final Salary:	Present/Final Position Title:
City, State, Zip Code:	Last Supervisor's Name:	Telephone:	

Responsibilities: _____

Reason for Leaving: _____

Employer:	Start Date:	Start Salary:	Initial Position Title:
Street Address:	End Date:	Final Salary:	Present/Final Position Title:
City, State, Zip Code:	Last Supervisor's Name:	Telephone:	

Responsibilities: _____

Reason for Leaving: _____

****Explain any breaks in employment of three months or more on an additional sheet and attach it to this form.****

Education

Education:	Graduated?		Type of Degree or Diploma:	Major or Principal Courses Studied:	Full Name and Location of School:
	Yes	No			

References

(List three persons, **other than relatives or personal friends**, who have knowledge of your work experience and/or education):

Name:	Relationship:	Mailing Address:	Telephone (Day):

TO THE APPLICANT:

Application must be completed in full and without errors or omissions. Please read the following statement carefully before you sign and submit this form.

I hereby consent to duly authorized representatives of Bergad, Inc. contacting any of my former employers, any of the educational institutions that I have attended, and any other persons or organizations whom it determines might have information relevant to my application for employment. I further consent to those persons or organizations providing information to Bergad, Inc.

I certify that the information given by me in this application is true and complete. I understand and agree that any false information, misrepresentation, or concealment of fact is sufficient grounds for either my immediate dismissal without recourse or refusal of employment to Bergad, Inc.

I understand and agree that all information furnished in this application may be verified by Bergad, Inc. I also understand that any employment is subject to a check of references, satisfactory completion of a pre-employment physical examination and drug screening. I hereby authorize all individuals and organizations named or referred to in this application and any law enforcement organization to give Bergad, Inc. all information relative to my employment with the organization and hereby release such individuals, organizations, and Bergad, Inc. from any liability for any claim or damage which may result. I understand that employment at Bergad, Inc. is at-will and may be terminated at the will of either the employer or the employee at any time.

Applicant Signature

Date