



# Application for Employment

**Gichner Shelter Systems**  
490 East Locust Street  
Dallastown, PA 17313

PLEASE PRINT

NOTE: Gichner Shelter Systems does not guarantee placement on any particular shift.

Position(s) Applied For \_\_\_\_\_ Date of Application \_\_\_\_/\_\_\_\_/\_\_\_\_

Name \_\_\_\_\_  
Last First Middle

Address \_\_\_\_\_  
Street City State Zip Code

Telephone (\_\_\_\_) \_\_\_\_\_  
Area Code

Are you at least 18 years of age? .....  YES  NO

Have you ever been employed here before? .....  YES  NO

Are you legally eligible for employment in this country? .....  YES  NO  
(Proof of U.S. citizenship or immigration status will be required upon employment.)

Date available for work ..... / /

Type of employment desired  Full Time  Part-Time  Educational Co-Op

Do you have any relatives currently employed by Gichner? .....  YES  NO

If yes, please print their name(s) \_\_\_\_\_

Have you been convicted of a felony in the last seven (7) years? .....  YES  NO  
(Such conviction may be relevant if job related, but does not bar you from employment.)

If yes, please explain: \_\_\_\_\_

## Employment History

List your last four (4) employers, assignments or volunteer activities, starting with the most recent, including military experience.

<b>From</b>	<b>To</b>	<b>Employer</b>	<b>Telephone</b>
			( ) -
<b>Job Title</b>		<b>Address</b>	
<b>Immediate Supervisor and Title</b>		<b>Summarize the nature of work performed and job responsibilities</b>	
<b>Reason for leaving</b>		<b>Hourly Rate/Salary</b>	
<b>From</b>	<b>To</b>	<b>Start \$</b> _____ <b>per</b> _____	<b>Final \$</b> _____ <b>per</b> _____
		<b>Employer</b>	<b>Telephone</b>
			( ) -
<b>Job Title</b>		<b>Address</b>	
<b>Immediate Supervisor and Title</b>		<b>Summarize the nature of work performed and job responsibilities</b>	
<b>Reason for leaving</b>		<b>Hourly Rate/Salary</b>	
<b>From</b>	<b>To</b>	<b>Start \$</b> _____ <b>per</b> _____	<b>Final \$</b> _____ <b>per</b> _____
		<b>Employer</b>	<b>Telephone</b>
			( ) -
<b>Job Title</b>		<b>Address</b>	
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<b>From</b>	<b>To</b>	<b>Start \$</b> _____ <b>per</b> _____	<b>Final \$</b> _____ <b>per</b> _____
		<b>Employer</b>	<b>Telephone</b>
			( ) -
<b>Job Title</b>		<b>Address</b>	
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<b>From</b>	<b>To</b>	<b>Start \$</b> _____ <b>per</b> _____	<b>Final \$</b> _____ <b>per</b> _____
		<b>Employer</b>	<b>Telephone</b>
			( ) -
<b>Job Title</b>		<b>Address</b>	
<b>Immediate Supervisor and Title</b>		<b>Summarize the nature of work performed and job responsibilities</b>	

## Skills and Qualifications

Summarize special skills and qualifications acquired from employment or other experiences that may qualify you for work with our company.

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## Educational Background

Name and Location	Years Completed	Did you Graduate?		Course of Study
		Major	Degree	
High School				
College				
Other (Military, etc.)				

## References

Name	Telephone	Years Known
	Area Code ( ) -	
	Area Code ( ) -	
	Area Code ( ) -	

It is understood and agreed upon that any misrepresentation by me in this application will be sufficient cause for cancellation of this application and/or separation from the employer's service if I have been employed. Furthermore, I understand that just as I am free to resign at any time, the employer reserves the right to terminate my employment at any time, with or without cause and without prior notice. I understand that no representative of the employer has the authority to make any assurances to the contrary.

I give the employer the right to investigate all references and to secure additional information about me, if job related. I hereby release from liability the employer and its representatives for seeking such information and all other persons, corporations or organizations for furnishing such information.

Signature of Applicant \_\_\_\_\_ Date \_\_\_\_ / \_\_\_\_ / \_\_\_\_

AN EQUAL OPPORTUNITY EMPLOYER



**Affirmative Action Program Applicant Information Form**

As required by applicable law, we record certain information to be made a part of our Affirmative Action Program. Applicants for employment are invited to participate in the Affirmative Action Program by reporting status as a veteran as well as gender and race. In extending this invitation you are also advised that:

- a) applicants are under no obligation to respond – *providing this information is voluntary,*
- b) responses will remain confidential; and
- c) responses will only be used for Affirmative Action Program purposes.

*Whether or not you choose to provide this information will have no bearing on your application.*

**Invitation to Self-Identify**

Name: \_\_\_\_\_  
 Please print

Date: \_\_\_\_\_

Gender: \_\_\_\_\_ M \_\_\_\_\_ F

Position you applied for: \_\_\_\_\_  
 Please print

**Race or Ethnic Identity:**

Hispanic \_\_\_\_\_

American Indian \_\_\_\_\_

Asian \_\_\_\_\_

Native Hawaiian or Pacific Islander \_\_\_\_\_

Black or African American \_\_\_\_\_

White \_\_\_\_\_

**Veteran Status**

Vietnam Era Veteran \_\_\_\_\_

Special Disabled Veteran \_\_\_\_\_

Other Eligible Veteran \_\_\_\_\_