

Brookville Glove
98 Service Center Rd, Suite B
Brookville PA 15825

POSITION FOR WHICH YOU ARE APPLYING:						
Check all that you may be interested in: Full-Time <input type="checkbox"/> Part-time <input type="checkbox"/>						
Last Name			First Name		Middle Initial	
Mailing Address			City		Town Ship	
State	Zip	Cell Telephone No.	Home Telephone No.	Business Phone No.	E-Mail Address	
Have you ever been convicted of a felony since your 18th birthday?						
<i>Nature of Offense</i>		<i>Name & Location of Court</i>		<i>Date of Conviction</i>		
Do you have any relatives working for Utilities & Industries? If yes, please complete the following:						
<i>Name</i>		<i>Relationship</i>		<i>Department</i>		

EDUCATION

Highest Grade Completed (choose one)	Other Education
<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> 7 <input type="checkbox"/> 8 <input type="checkbox"/> 9 <input type="checkbox"/> 10 <input type="checkbox"/> 11 <input type="checkbox"/> 12	Name: _____ Years completed: _____ Course of study: _____ <hr/> Name: _____ Years completed: _____ Course of study: _____

SKILLS AND QUALIFICATIONS

(List all skills and qualifications that may qualify you for the position you are applying for)

EMPLOYMENT HISTORY

May we contact your present employer? YES <input type="checkbox"/> NO <input type="checkbox"/>			
1	Starting Date month / day / year	Ending Date month / day / year	Employer/Company Name and address
<input type="checkbox"/> Paid Work <input type="checkbox"/> Volunteer		Hours per Week	Name & Title of Immediate Supervisor Telephone Number
Reason for Leaving			
Title of Position Held			Number & Job Title of Employees you Supervised
Describe job responsibilities			

2	Starting Date month / day / year	Ending Date month / day / year	Employer/Company Name and address	
	<input type="checkbox"/> Paid Work <input type="checkbox"/> Volunteer	Hours per Week	Name & Title of Immediate Supervisor	Telephone Number
Reason for Leaving				
Title of Position Held			Number & Job Title of Employees you Supervised	
Describe job responsibilities				

3	Starting Date month / day / year	Ending Date month / day / year	Employer/Company Name and address	
	<input type="checkbox"/> Paid Work <input type="checkbox"/> Volunteer	Hours per Week	Name & Title of Immediate Supervisor	Telephone Number
Reason for Leaving				
Title of Position Held			Number & Job Title of Employees you Supervised	
Describe job responsibilities				

REFERENCES

(Please list three references. Make sure to include name, telephone number and years you have known them)

CONDITIONS OF EMPLOYMENT STATEMENT

Under penalties of perjury, I declare that my answers to the questions on this application and any necessary examinations and supplements are true and give Utilities & Industries the right to investigate all information given and to secure additional appropriate information if necessary. I understand that an investigative report may be made from information obtained through personal interviews with others. I understand that this inquiry may include information as to my personal characteristics, employment verification, credential verification, personal identity verifications, reference checks, criminal records, motor vehicle records, and appropriateness for employment. In accordance with the law and my understanding of this statement, I authorize my current and former employers to give any information regarding my employment, together with all information regarding me, and hereby release from all liability or responsibility all persons, companies, or corporations furnishing such information in good faith.

By my signature, I certify, authorize and acknowledge the above statements.

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Signature

Date

Social Security Number

(Unsigned applications will not be considered)