## Bradford County Historical Society

## 109 Pine Street

Towanda，PA 18848

## Employment Application

Please print all information，fill out all areas，if Applicable
The Bradord County Historical Society is an Equal Opportunity Employer
Date Date $\qquad$
Full Name $\qquad$
Address $\qquad$ Middle

Phone Number（ ）－ Social Security Number $\qquad$ － Zip Code

Date Available for Work $\qquad$ （1）Do You Need To Give Employer Notice $\square_{\text {Yes }} \square$ No
Best Time and Phone Number to Contact You（Time） $\qquad$ （Phone） $\qquad$
Type of Employment Applied for $\square$ Full Time $\square$ Part－Time
Are You Willing to Work $\square_{\text {Weekends }} \square$ All $\square$ Other
Are You on Layoff $\square$ Yes $\square$ No Are You Subject to Recall $\square$ Yes $\square$ No When $\qquad$
If You Under are 18，Can You Furnish Valid Working Papers ${ }^{\square} \underbrace{}_{8} \quad \square$ Yes $\square$ No
REFERRAL $\square_{\text {Advertisement }} \square_{\text {Employee }} \square_{\text {Relative }} \square_{\text {Other }}$ $\qquad$
Do You Have Viable Transportation or Arrangements to Get to Work on Time $\quad$ 国 $\quad \square$ Yes $\square$ No Are You Legally Eligible for Employment in the USA $\square$ Yes $\square$ No Will You Work Over－Time if Required $\quad$ Yes $\square$ No 呤 Will You Travel if Required $\square_{\text {Yes }} \square$ No Have You Ever Been Convicted of a Crime $\square$ Yes $\square$ No $\begin{aligned} & \text { \＆} \\ & 8\end{aligned}$ Are you on or have you ever been on Probation $\square$ Yes $\square$ No $\begin{aligned} & \text { ® } \\ & 8 \text { IF yes，Explain }\end{aligned}$ $\qquad$
Do You Have Any Physical Restriction That Would Prohibit You From Performing Lifting and／or Back Bending Labor Activities $\square$ Yes $\square$ No 㟮 If Yes，Explain $\qquad$
Do You Have Any Medical Condition（s）That Would Prohibit You From Performing Lifting and／or Physical Labor Activities Yes $\square$ No $\begin{aligned} & \text { 㟮 } \\ & \text { If Yes，Explain }\end{aligned}$ $\qquad$
If Yes，Will You Furnish BCHS With Medical Records Pertaining to this Condition $\square$ Yes $\square$ No Driver＇s License Number $\qquad$ State $\qquad$ Date Expires $\qquad$
Do You Have Any Court Orders Against You $\square$ If Yes，Explain $\qquad$

## Education

$\square$ Grammar／High School，Years Completed $\qquad$ $\square$ College，Years Completed $\qquad$

an
Military Service (Veteran) $\square$ Military Reserves $\square$ Trade School(s), Years Completed Do You Have Any Skills or Further Education That Would Benefit Your Employment $\square$ Yes $\square$ No 4 Explain

Employment History: List the Last Three (3) Employers, Assignments or Volunteer Activities, Starting with the Most Recent. Please Include Military Service.
(1)Employer $\qquad$ Phone Number $\qquad$
Address $\qquad$ City State Zip Code

Position/Title $\qquad$ Immediate Supervisor $\qquad$
Duties $\qquad$

Date Started $\qquad$ Date Finished $\qquad$ $\square$ Still Employed at Present Starting Wage \$_ Ending Wage \$__ May We Contact Them Yes $\square_{\text {No }} \square_{\text {Later }}$

Reason for Leaving $\qquad$ May We Contact You At Work $\square$ Yes $\quad \square$ No $\quad \square_{\text {Later }}$
(2) Employer $\qquad$ Phone Number $\qquad$
Address $\qquad$
Position/Title $\qquad$ Immediate Supervisor $\qquad$
Duties $\qquad$ Date Finished $\qquad$
Date Started $\qquad$ Starting Wage \$_ Ending Wage \$_ May We Contact Them $\square$ Yes $\square_{\text {No }} \square_{\text {Later }}$

Reason for Leaving $\qquad$
(3) Employer $\qquad$ Phone Number $\qquad$
Address $\qquad$
Position/Title $\qquad$ Immediate Supervisor $\qquad$
Duties $\qquad$别
$\qquad$ Date Finished $\qquad$ 1 Starting Wage \$ $\qquad$ Ending Wage \$ $\qquad$ May We Contact Them $\square$ Yes $\square_{\text {No }} \square_{\text {Later }}$

Reason for Leaving $\qquad$
References: List Two Business/Work references who are NOT Related to You and are NOT Previous Supervisors.
Name $\qquad$ Phone \# $\qquad$ Yrs. Known $\qquad$

Name $\qquad$ Phone \# $\qquad$ Yrs. Known $\qquad$

Because the Bradord County Historical Society is an Equal Opportunity Employer and Does Not Discriminate, You Do Not Have Complete this Information. If You Do, You Are Voluntarily Divulging This Information. However, If You Are Employed by the Company, You Will Be Required To Supply This Information.


Your Signature of Acceptance
List Any Professional, Trade, Business or Civic Associations You Are a Member Of:
Name $\qquad$ Office Held $\qquad$

Name $\qquad$ Office Held $\qquad$
List any Hobbies you participate in, ie, bowling, golf, hunting, etc
Are you on unemployment compensation at the present time ${ }^{\text {d }}$


If yes, from what employer $\qquad$
$\square$ Check If Additional Information is Attached, ie,
Resume, etc.
NOTICE:
In light of the many changes in, and great variety of,dress styles in our society today, the Bradford County Historical Society requires that all employees dress and present themselves in an acceptable image.

The Bradford County Historical Society believes that each individual employed by us will deal with the patrons of the museum and research library in a polite and acceptable manner. We can cannot stress enough that we will not tolerate any form of harassment especially sexual harassment.

It is understood and agreed that any misrepresentation by me in this application will be sufficient cause for cancellation of this application and/or termination from the employer's service if I have been employed. Furthermore, I understand that just as I am free to resign any time, the Employer reserves the right to terminate my employment at anytime, 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.

The Employer is an equal opportunity employer. The employer does not discriminate in employment and no question on this application is used for the purpose of limiting or excluding any applicant's consideration for employment on a basis prohibited by local, state or federal law.

$\square$ Contacted Last Employee to See If They Would Hire this Individual Again or Back. $\square$ Yes $\square$ NoHire Date $\qquad$
Start Date $\qquad$ 11 $\qquad$ Shift $\qquad$ Area/Building $\qquad$
$\square$ Hire At Later Date $\square$ Yes $\square$ No $\qquad$

