

D.W. RICHARDS SONS, INC.  
 701 ROCKY GLEN RD.  
 MOOSIC BOROUGH  
 AVOCA, PA 18641-9529

PLEASE PRINT ALL  
 INFORMATION REQUESTED  
 EXCEPT SIGNATURE

## Application for Employment

**APPLICANTS MAY BE TESTED FOR ILLEGAL DRUGS**

PLEASE COMPLETE ALL PAGES

DATE \_\_\_\_\_

Name \_\_\_\_\_  
LAST FIRST MIDDLE

Present Address \_\_\_\_\_  
NUMBER STREET CITY STATE ZIP

How long at this address? \_\_\_\_\_ Social Security Number: \_\_\_\_\_ - -

Telephone ( \_\_\_\_\_ ) \_\_\_\_\_ If under 18, please list age: \_\_\_\_\_

Employment Desired:  Full Time Only  Part Time Only  Full or Part Time

When available for work? \_\_\_\_\_ Can you work nights?  Yes  No

### Education

TYPE OF SCHOOL	NAME OF SCHOOL	LOCATION (complete mailing address)	NUMBER OF YEARS COMPLETED	MAJOR and DEGREE
High School				
College				
Business or Trade				
Professional				

HAVE YOU EVER BEEN CONVICTED OF A CRIME?  No  Yes

If yes, explain number of convictions, nature of offence(s) leading to conviction(s): \_\_\_\_\_

Recent such offence(s) committed: \_\_\_\_\_

Sentence(s) imposed: \_\_\_\_\_

Type(s) of rehabilitation: \_\_\_\_\_

## Work Experience

Please list your work experience for the past **five years**, beginning with your most recent job held.  
If you were self-employed, give firm name. Attach additional sheets if necessary.

May we contact your present employer?  Yes  No

Name of employer: _____ Address: _____ City, State, Zip: _____ Phone number: _____	NAME OF LAST SUPERVISOR	EMPLOYMENT DATES	PAY OR SALARY
		From	Start
		To	Final

Reason for leaving (be specific): \_\_\_\_\_

List the jobs you held, duties performed, skills used or learned, advancements or promotions received while you worked for this company:

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Name of employer: _____ Address: _____ City, State, Zip: _____ Phone number: _____	NAME OF LAST SUPERVISOR	EMPLOYMENT DATES	PAY OR SALARY
		From	Start
		To	Final

Reason for leaving (be specific): \_\_\_\_\_

List the jobs you held, duties performed, skills used or learned, advancements or promotions received while you worked for this company:

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Name of employer: \_\_\_\_\_

Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

Phone number: \_\_\_\_\_

NAME OF LAST SUPERVISOR	EMPLOYMENT DATES	PAY OR SALARY
	From	Start
	To	Final

Reason for leaving (be specific): \_\_\_\_\_

List the jobs you held, duties performed, skills used or learned, advancements or promotions received while you worked for this company:

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Name of employer: \_\_\_\_\_

Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

Phone number: \_\_\_\_\_

NAME OF LAST SUPERVISOR	EMPLOYMENT DATES	PAY OR SALARY
	From	Start
	To	Final

Reason for leaving (be specific): \_\_\_\_\_

List the jobs you held, duties performed, skills used or learned, advancements or promotions received while you worked for this company:

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Did you complete this application yourself?  Yes  No

If not, who did? \_\_\_\_\_

DO YOU HAVE A DRIVER'S LICENSE?  Yes  No

What is your means of transportation to work? \_\_\_\_\_

Driver's License Number: \_\_\_\_\_ State of Issue: \_\_\_\_\_

Expiration Date: \_\_\_\_\_  Operator  Commercial (CDL)  Chauffeur

Have you had any accidents during the past three years?  Yes  No How many? \_\_\_\_\_

Have you had any moving violations during the past three years?  Yes  No How many? \_\_\_\_\_

### References

Please list two references other than relatives or previous employers.

Name: \_\_\_\_\_

Name: \_\_\_\_\_

Position: \_\_\_\_\_

Position: \_\_\_\_\_

Company: \_\_\_\_\_

Company: \_\_\_\_\_

Address: \_\_\_\_\_

Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

Phone number: \_\_\_\_\_

Phone number: \_\_\_\_\_

### Medical History

Do you have any impairments, mental or medical, that would interfere with your ability to perform the position for which you are applying?.....  Yes  No

Do you have any lifting limitations or restrictions that would affect your work performance?.....  Yes  No

Have you had any back injuries? .....  Yes  No

Are you color blind? .....  Yes  No

Have you collected Workers' Compensation? .....  Yes  No

### Applicant's Statement

I certify that the answers given herein are true and complete to the best of my knowledge. I authorize investigation of all statements contained in this Application for Employment as may be necessary in arriving at an employment decision.

In the event of employment, I understand that false or misleading information given in my application or interview(s) may result in discharge. I understand, also, that I am required to abide by all the rules and regulations of the employer.

\_\_\_\_\_  
SIGNATURE

\_\_\_\_\_  
DATE

\_\_\_\_\_  
PRINT NAME