## The Flinchbaugh Company, Inc. 245 Beshore School Road

Manchester, PA 17345

## Employment Application

Programs, services, and employment are available equally to everyone. Please inform the Human Resources Department if you require reasonable accommodation to the application or interview.

APPLICATION DATA: Position applied for: How were you referred to us? Full Name: (MIDDLE) State: Zip: City: Address: Email Address: Mobile//Other Phone: Phone: ( Date available to start: / Salary Requirement: \$ If you are under 18 years of age and we require a work permit, can you furnish one? □ No Yes If no, please explain: \_\_\_ If yes, when? \_\_\_ Yes □No Have you ever worked for this company? ☐ No If not, do you have work papers? ☐ Yes ☐ No Are you a citizen of the United States? Yes Type of employment desired: 
Full-time Part-time EDUCATION: Address: \_\_\_\_\_ High School: Did you graduate? ☐ Yes ☐ No Degree: # of Years Completed: \_\_\_\_\_ GPA: Major: Address: College/University: Did you graduate? Yes No Degree: # of Years Completed: Major: GPA: Address Other: Degree: # of Years Completed: \_\_\_\_\_ Did you graduate? ☐ Yes ☐ No GPA: Major: REFERENCES: Please furnish the names, addresses and telephones numbers of three people to whom you are not related and by whom you have not been employed. Phone: ( Name: State: Zip: City: \_\_\_\_\_ Phone: ( State: \_\_\_\_\_ Zip: \_\_\_\_ Address: \_\_\_\_\_ City: \_\_\_\_\_ Name: Phone: ( State: Zip: City: SUMMARIZE YOUR SPECIAL SKILLS OR QUALIFICATIONS:

PREVIOUS EMPLOYMEN	T (begin with most)	recent position):
Dates of Employment: From /	/ / To / /	/ Position held:
Firm:	Addr	ess:
Phone ( )	Supervisor:	Title:
Responsibilities:		
Starting Salary & Title:		Ending Salary:
Reason for Leaving: .		
<u> </u>		
May we contact this employer for refere	ence? Yes	☐ No
Dates of Employment: From /	/ / To / /	/ Position held:
Firm:	Addı	ress:
Phone ( )	Supervisor:	Title:
Responsibilities:		
<u></u>		
Starting Salary & Title:		Ending Salary:
Reason for Leaving:		
<u> </u>		
May we contact this employer for refere	ence? Yes	□No
Dates of Employment: From /	/ / To / /	/ Position held:
Firm:	Add	ress:
Phone ( )	Supervisor:	Title:
Responsibilities:		
<u> </u>		
Starting Salary & Title:		Ending Salary:
Reason for Leaving:		
May we contact this employer for refere	ence? Yes	☐ No
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	equal employment opport	unity employer. We adhere to a policy of making employmen
decisions without regard to race, color,	religion, sex, sexual orienta	ation, national origin, citizenship, age or disability. We assure yo
that your opportunity for employment	with this company depend	ds solely on your qualifications. Thank you for completing this
application form and for your interest in	our business.	
I certify that all the information subr	nitted by me on this appl	ication is true and complete, and I understand that if any fals
information, omissions, or misrepresent	ations are discovered, my a	application may be rejected and, if I am employed, my employmen
may be terminated at any time, with or	without cause, and with or	without notice, at any time, at either my or the company's option.
also understand and agree that the term	ms and conditions of my early I understand that no co	employment may be changed, with or without cause, and with company representative, other than it's President, and then only whe
in writing and signed by the President.	has any authority to enter i	nto any agreement for employment for any specified of time, or t
make any agreement contrary to the fore		
Signature of Applicant:		Date:
Dibiacai o or vabbucain		

7/29/13