



# Scranton Craftsmen

Metal Fabrication - Iron Railings  
Pre-Cast Concrete - Steps - Cellar Entries & Other Products  
930 Dunmore Street - Throop, PA.18512  
Fax: (570)489-4212 Phone: (570)347-5125

(ANSWER ALL QUESTIONS – PLEASE PRINT)

IN COMPLIANCE WITH FEDERAL AND STATE EQUAL EMPLOYMENT OPPORTUNITY LAWS, QUALIFIED APPLICANTS ARE CONSIDERED FOR ALL POSITIONS, WITHOUT REGARD TO RACE, COLOR, RELIGION, SEX, NATIONAL ORIGIN, AGE, MARITAL STATUS, OR THE PRESENCE OF A NON-JOB RELATED MEDICAL CONDITION OR HANDICAP.

DATE OF APPLICATION \_\_\_\_\_

POSITION(S) APPLIED FOR \_\_\_\_\_

SALARY DESIRED \_\_\_\_\_ FULL TIME OR PART TIME \_\_\_\_\_

NAME \_\_\_\_\_ SOCIAL SECURITY # \_\_\_\_\_

LAST FIRST MIDDLE

ADDRESS \_\_\_\_\_

STREET CITY STATE ZIP

HOME PHONE# \_\_\_\_\_ CELL PHONE# \_\_\_\_\_ EMAIL \_\_\_\_\_

ADDRESS \_\_\_\_\_

FOR PAST STREET CITY STATE & ZIP

THREE YEARS \_\_\_\_\_

STREET CITY STATE & ZIP

ARE YOU AUTHORIZED OR DO YOU HAVE THE LEGAL RIGHT TO WORK IN THE UNITED STATES? \_\_\_\_\_ Y \_\_\_\_\_ N

DATE OF BIRTH \_\_\_\_/\_\_\_\_/\_\_\_\_ DRIVER/ID # \_\_\_\_/\_\_\_\_/\_\_\_\_ STATE OF LICENSE \_\_\_\_\_

EXPIRATION DATE \_\_\_\_\_

CLASS OF LICENSE \_\_\_\_\_ LICENSE ENDORSEMENTS \_\_\_\_\_

HAVE YOU WORKED FOR THIS COMPANY BEFORE \_\_\_\_\_ POSITION \_\_\_\_\_

DATES: FROM \_\_\_\_\_ TO \_\_\_\_\_ RATE OF PAY \_\_\_\_\_

REASON FOR LEAVING \_\_\_\_\_

ARE YOU NOW EMPLOYED? \_\_\_\_\_ IF NOT, HOW LONG SINCE LEAVING LAST EMPLOYMENT? \_\_\_\_\_

WHO REFERRED YOU? \_\_\_\_\_

EMERGENCY CONTACT (NAME AND PHONE#) \_\_\_\_\_



**PHYSICAL HISTORY**

Do you have any physical conditions which may limit your ability to perform the job applied for? \_\_\_\_\_ Y \_\_\_\_\_ N

If yes, what can be done to accommodate your limitation? \_\_\_\_\_

\_\_\_\_\_

Are you physically capable of heavy manual work? \_\_\_\_\_

How much time lost from work in the past three years? \_\_\_\_\_

**SCRANTON CRAFTSMEN INC. & SCRANTON CRAFTSMEN EXC., INC. ARE DRUG FREE WORK ZONES.  
WE DO PRE-EMPLOYMENT AND RANDOM DRUG TESTING**

Have you had any drug or chemical dependencies or prior felonies \_\_\_\_\_ Y \_\_\_\_\_ N

If so, please explain \_\_\_\_\_

\_\_\_\_\_

**EXPERIENCE AND QUALIFICATIONS**

<b>EDUCATION</b>	<b>YEARS ATTENDED</b>	<b>COURSE</b>	<b>DIPLOMA</b>
HIGH SCHOOL			
COLLEGE			
TRADE SCHOOL/MILITARY			

Show any special course, training or experience that would enhance your job performance in the applied for?

\_\_\_\_\_  
\_\_\_\_\_

LIST ANY SPECIAL EQUIPMENT OR TECHNICAL MATERIALS YOU CAN WORK WITH OTHER THAN THOSE ALREADY SHOWN.

\_\_\_\_\_  
\_\_\_\_\_

**PLEASE LIST 3 PERSONAL REFERENCES**

<b>NAME/ADDRESS</b>	<b>PHONE #</b>	<b>OCCUPATION</b>	<b>YEARS ACQUAINTED</b>
1. _____			
2. _____			
3. _____			

**ALL APPLICANTS MUST COMPLETE THE FOLLOWING!**



**EMPLOYMENT HISTORY**

EMPLOYER			DATE
NAME:			FROM:MO      YR TO:    MO      YR
ADDRESS:			POSITION HELD
CITY:	STATE:	ZIP:	SALARY/WAGE
CONTACT PERSON, TITLE			REASON FOR LEAVING
PHONE NUMBER			
EMPLOYER			DATE
NAME:			FROM:MO      YR TO:    MO      YR
ADDRESS:			POSITION HELD
CITY:	STATE:	ZIP:	SALARY/WAGE
CONTACT PERSON, TITLE			REASON FOR LEAVING
PHONE NUMBER			
EMPLOYER			DATE
NAME:			FROM:MO      YR TO:    MO      YR
ADDRESS:			POSITION HELD
CITY:	STATE:	ZIP:	SALARY/WAGE
CONTACT PERSON, TITLE			REASON FOR LEAVING
PHONE NUMBER			

**TO BE READ AND SIGNED BY APPLICANT**

THIS CERTIFIES THAT THIS APPLICATION WAS COMPLETED BY ME, AND THAT ALL ENTRIES ON IT AND INFORMATION IN IT ARE TRUE AND COMPLETED TO THE BEST OF MY KNOWLEDGE.

I AUTHORIZE YOU TO MAKE SUCH INVESTIGATION AND INQUIRIES OF MY PERSONAL, EMPLOYMENT, FINANCIAL OR MEDICAL HISTORY AND OTHER RELATED MATTERS AS MAY BE NECESSARY IN ARRIVING AT AN EMPLOYMENT DECISION. I HEREBY RELEASE EMPLOYERS, SCHOOLS, OR PERSONS FROM ALL LIABILITY IN RESPONDING TO INQUIRIES IN CONNECTION WITH MY APPLICATION.

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 RULES AND REGULATIONS OF THE COMPANY, AS PERMITTED BY LAW.

Date \_\_\_\_\_ Applicant's Signature \_\_\_\_\_