



APPLICATION FOR EMPLOYMENT

821 Woodward Ave
Lock Haven, PA 17745
(570) 748-5827

NAME: _____ DATE: _____
 First Middle Last

Social Security #: _____ Driver's License #: _____ State: _____

Address: _____
 Street City State Zip

Telephone #: _____ Cell Phone: _____

Emergency Contact: _____ Phone: _____

Date Available to begin work: _____ Are you legally authorized to work in the United States? YES NO

Shifts you can work: Days PRN Nights Weekends Evenings Holidays

Would you accept part-time work?
Would you accept full-time work?

Salary Requirements: Hourly \$ _____ Salary \$ _____

Have you ever had a professional license revoked and/or surrendered you license? YES NO

Have you ever been convicted of a criminal offense? YES NO

Are you presently charges with any violation of the law other than any traffic violations? YES NO

If yes to any of the above, give date and details:

(An affirmative response will not automatically disqualify you from being considered for employment. The nature of the crime will be considered in relation to the position for which you are applying.)

Is there any additional information you can provide relative to the change of your name, or the use of an assumed name or nickname that would enable the company to make a more effective check of your records? YES NO

If yes, explain: _____

How did you hear about Bryertech? _____

Do you have any relatives currently or previously employed by Bryertech?

YES

NO

Please list: _____

EDUCATION

| School (HS, College) | Name/Location | Course/Degree | Did you graduate? | Grade Completed |
|----------------------|---------------|---------------|-------------------|-----------------|
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Professional License/Certification(s):

| Type | State | License/Certification # | Expiration Date |
|------|-------|-------------------------|-----------------|
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Please list other skills that may be beneficial to the position for which you are applying?

Bryertech is an equal opportunity employer dedicated to a policy of non-discrimination in employment on any basis, including race, creed, color, age, gender, religion, veteran status, or national origin.

PLEASE READ CAREFULLY: You are not required to answer any questions which you feel may violate federal, state, and/or local law or which you feel is not related to the position for which you are applying.

This application is considered current for 90 days and for this job opening only. At the end of this period, should you wish to be considered for employment, it will be necessary to fill out a new application form.

EMPLOYMENT HISTORY: List below all present and past employment beginning with your most recent. Account for the past 10 years including periods of unemployment and military service. Must be completed even if resume is attached.

| Date | | Name, Address, Phone of Employer | Salary | Position | Reason for Leaving |
|------|------|----------------------------------|--------|----------|--------------------|
| To | From | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |

COMMENTS REGARDING LAPSES, IF APPLICABLE: _____

Have you ever been discharged from a job or asked/forced to resign? YES NO

If yes, explain: _____

APPLICANT'S CERTIFICATION AND AGREEMENT:

I certify that the information contained in this application is true and complete to the best of my knowledge and understand that if employed, falsified statements on this application shall be grounds for immediate dismissal.

I authorize investigation of all statements contained herein and authorize the references and employers listed herein to give you any and all information concerning my previous employment and any pertinent information they may have, personal or otherwise, and release the company from all liability for any damage that may result from utilization of such information. I also understand and agree that no representative of the company has any authority to enter into any agreement for employment for any specified period of time, or to make any agreement contrary to the foregoing, unless it is in writing and signed by an authorized company representative.

Bryertech may obtain information for 3rd parties, including worker's compensation reports, education confirmation, previous employer verification, criminal history, and motor vehicle driving record. Every employee of Bryertech is screened for the OIG Medicaid/Medicare exclusion list.

If employed, I may terminate my employment at any time, and Bryertech may terminate or modify the relationship at any time without notice or cause. In consideration of my employment, I agree to conform to the policies and regulations of Bryertech.

If I misrepresent or leave out a fact in my application, I may be refused employment, or if employed, I may be terminated without further notice.

 Name (print) Signature Date

REFERENCES

Please provide us with personal and professional references by completing the information listed below.

PERSONAL (May not be former employers)

| | Name | Address | Phone | Now long known? Relationship |
|---|------|---------|-------|---------------------------------|
| 1 | | | | |
| 2 | | | | |
| 3 | | | | |
| 4 | | | | |

PROFESSIONAL (May not be former employers)

| | Name | Address | Phone | Now long known? Relationship |
|---|------|---------|-------|---------------------------------|
| 1 | | | | |
| 2 | | | | |
| 3 | | | | |
| 4 | | | | |

