



**Loccisano's Golden Dawn**

234 Pittsburgh Circle  
 Ellwood City, PA 16117  
 724-752-1811

***Application for Employment***

We consider applicants for all positions without regard to race, color, religion, sex, national origin, age, marital or veteran status, the presence of non-job related medical condition or handicap, or any other legally protected status.

Position(s) Applied For:

Date of Application:

How did you learn about us?

\_\_\_\_\_ Advertisement

\_\_\_\_\_ Friend

\_\_\_\_\_ Walk-In

\_\_\_\_\_ Employment Agency

\_\_\_\_\_ Relative

\_\_\_\_\_ Website

\_\_\_\_\_ Other

Last Name

First Name

Middle Name

Address Number

Street

City

State

Zip

Telephone Number(s)

Social Security Number

- -

If you are under 18 years of age, can you provide required proof of your eligibility to work?

\_\_\_\_\_ Yes

\_\_\_\_\_ No

Have you ever filed an application with us before?

\_\_\_\_\_ Yes

\_\_\_\_\_ No

If Yes, give date: \_\_\_\_\_

Have you ever been employed with us before?

\_\_\_\_\_ Yes

\_\_\_\_\_ No

If Yes, give date: \_\_\_\_\_

Are you currently employed?

\_\_\_\_\_ Yes

\_\_\_\_\_ No

May we contact your present employer?

\_\_\_\_\_ Yes

\_\_\_\_\_ No

Are you prevented from lawfully becoming employed in this country because of VISA or Immigration Status?

\_\_\_\_\_ Yes

\_\_\_\_\_ No

*Proof of citizenship or immigration status will be required upon employment.*

On what date would you be available for work?

\_\_\_\_\_

Are you available to work: (circle) Full-Time

Part-Time

Shift Work

Temporary

Are you currently on "lay-ff" status and subject to recall?

\_\_\_\_\_ Yes

\_\_\_\_\_ No

Have you ever been convicted of a felony within the last 7 years? \_\_\_\_\_ Yes \_\_\_\_\_ No  
*Conviction will not necessarily disqualify as applicant from employment.*

If yes, please explain:

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**WE ARE AN EQUAL OPPORTUNITY EMPLOYER**

**Employment History:** Give names and addresses of ALL PREVIOUS EMPLOYERS, beginning with your most recent. (If you are now working for a present Employer, then reasons for desire to leave must be included.) Please account for all period of unemployment also.

Employer Name and Address	Position	Per Hour	Month/Yr	Month/Yr	Reason for Leaving

**Personal References:** Not former employers or relatives.

Name and Occupation	Address	Phone Number

**Education:**

Name and Location of School	Highest Grade Completed	Course of Study General—Special	Diploma/Degree

**PLEASE READ CAREFULLY BEFORE SIGNING**

I certify that 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, and give my permission to investigate my credit record and to communicate with all or any of my previous employers and/or references for full information. I hereby indemnify the company from any liability arising out of such inquiry. I understand that if employed, my employment is for no fixed period of time. This application or offer of employment is not binding on the company in any way and is not to be construed as a contract. Employment benefits, and/or compensation can be terminated, with or without cause an with or without notice at anytime at the option of either the company or myself. I understand that management representatives shall not have the authority to enter into any agreement for employment for any specified point of time. Only the President of the Company has the authority to agree to modify the foregoing through a written contract. In the event of employment, I understand that false or misleading information given in my application or interview may result in discharge. I understand, also that I am required to abide by all the rules and regulations of the Company.

Signature of Applicant \_\_\_\_\_