APPLICATION FOR EMPLOYMENT

Prospective employees will receive consideration without discrimination because of race, creed, color, sex, age national origin, handicap or veteran status

COMPANY: Mawson & Mawson, Inc. 1800 E Old Lincoln Highway Langhorne, PA 19047 (215) 750-1100

	Last Name	First	Middle	Date
Ρ	Street Address			Home Phone
Б				() -
Ε	City, State, Zip			Business Phone
R				() -
~	Have you ever applied for	employment with us?		Social Security Number
S	Yes No If Yes:	Month & Year		
\mathbf{O}	Position Desired			Pay Expected
U				
Ν	Are you available to work.			When will you be available to work?
	Full Time Part T	'ime		
Α	Are you legally eligible for	employment in the United Sta	ates?	
L				
-	In case of emergency pleas	e notify		Emergency Contact Telephone #
	Name			() -

]	Eler	nen	tary	•		Hi	gh		Coll	ege/I	Unive	rsity			luate, ssion	
E D	School Name																	
U C	Years Completed: (Circle)	4	5	6	7	8	9	10	11	12	1	2	3	4	1	2	3	4
Α	Diploma/Degree																	
Τ	Describe Course of Study:																	
I O	Describe Specialized Training, Skills,																	
N	Apprenticeship, Activities																	

M I	Complete this section if you served in the U.S. Armed Forces	Branch of Service
	scribe your duties and any special training	Period of Active Duty (Month & Year) From: To: Rank at Discharge
T A R		Date of Final Discharge
Y		From: To:

	Company Name	Telepho	one	
		() -	
	Address	Employ	ved (Month	n & Year)
1		From:		То:
T	Name of Supervisor	Weekly	Pay	
		Start:	-	Last:
	State Job Title and Describe your Work	Reason	For Leavin	ıg
				-

	Company Name	Telephone () -
	Address	Employed (Month & Year)
2		From: To:
-	Name of Supervisor	Weekly Pay
		Start: Last:
	State Job Title and Describe your Work	Reason For Leaving

	Company Name	Telephone
		() -
	Address	Employed (Month & Year)
2		From: To:
3	Name of Supervisor	Weekly Pay
		Start: Last:
	State Job Title and Describe your Work	Reason For Leaving
		-

	DO NOT CONTACT
We may contact the employers listed above unless you indicate	Employers Number (s) & Reason
those you do not want us to contact	·

GENERAL:

Have you ever been convicted of a Felony?	Yes	No 🗌	
Have you ever been known by any name other than the one or	this application?	Yes	No 🗌
Are you able to perform the essential functions of the position are applying?	for which you	Yes	No 🗌
Questions regarding the duties of the position may be address	ed to		·
How much time lost from work in the past three years for illne	ess?		

EXPERIENCE AND QUALIFICATIONS

Indicate training and experience in the following:	Training (Check 3)	Years of Experience
	(Check 5)	
Typing		
Shorthand		
Billing		
Key Punch Operator		
Calculator		
Bookkeeping Machine		
Adding Machine		
Accounting		
Claims		
Dispatcher		
Rates (Indicate Tariffs)		
Switchboard		
PC		
Microsoft Word		
Microsoft PowerPoint		
Microsoft Excel		
Lotus		
Other:		

List courses and training in office work:

The information provided in this Application for Employment is true, correct and complete. If employed, any misstatement or omission of fact on this application may result in dismissal.

I understand that acceptance of an offer of employment does not create a contractual obligation upon the employer to continue to employ me in the future.

If you decide to engage and investigate consumer reporting agency to report on my credit and personal history I authorize you to do so. If a report is obtained you must provide, at my request, the name and address of the agency so I may obtain from them the nature and substance of the information contained in the report.

Date: _____ Signature: _____

RELEASE OF LIABILITY

In connection with my request for employment with Mawson & Mawson, Inc.:

I hereby authorize all corporations, companies, credit agencies, educational institutions, individuals, law enforcement agencies, present and former employers to release any and all information that they may have about me, and further do release them and Mawson & Mawson, Inc. from any liability and responsibility from doing so. I authorize the procurement of an investigative consumer report and understand that such report may contain information of my background, mode of living, character and personal reputation.

This authorization, in original or copy form, shall be valid for this and any future or subsequent investigations that may be requested.

First Name	Middle	Last	
Address	City	State Zip	Apt #
Previous Address	City	State Zip	Apt #
Drivers License #	State	Expiratic	on Date
Signature		D	Pate
Witness			

(Please Print)