



APPLICATION FOR EMPLOYMENT

(please print)

We are an Equal Opportunity Employer. All Pine Hill Manufacturing applicants will be considered for employment without regard to race, religion, color, gender, national origin, age, marital status, veteran status, disability, genetic information, or any other status protected by law.

PERSONAL INFORMATION

Name _____
Last First Middle

Address _____
No. Street City State Zip

Email Address _____ Home Phone () _____ Mobile Phone () _____

Are you at least 18 years of age? ____ Yes ____ No If you are not at least 18 years of age, how old are you? _____

Are you legally eligible for employment in the United States? ____ Yes ____ No (If hired, Employment Verification is required by law.)

Position desired: _____ Full-Time ____ (40+hours) Part-Time ____ Seasonal ____

Best Time to Contact: _____

Date available for employment: ____ / ____ / ____ Hourly Rate/Salary Desired: \$ _____

Are you currently employed? ____ Yes ____ No
If no, how long have you been unemployed? _____

Have you been previously employed by Pine Hill Manufacturing? ____ Yes ____ No
If Yes, when? _____ Position: _____

Do you have a valid driver's license? ____ Yes ____ No

Do you have a valid commercial driver's license (CDL)? ____ Yes ____ No

Are you able to perform all of the essential functions of the job for which you have applied, with or without reasonable accommodation?
____ Yes ____ No

If hired, will you work overtime as required? ____ Yes ____ No

Have you been discharged or fired from any job that you have held within the past 10 years? ____ Yes ____ No
If you answered yes above, please describe the circumstances involved.

Indicate special qualifications or skills:

EDUCATION

Circle highest grade completed:	High school	7	8	9	10	11	12	G.E.D.
	College, trade or business	1	2	3	4			
	Graduate studies	_____						
School Name and Address		Major Studies			Degree, Diploma, License or Certificate			
High School								
College/University					GPA: _____			
Vocational/Other					GPA: _____			

EMPLOYMENT EXPERIENCE (Please list most recent first; do not skip any employers)

Current Employer:	Phone	From:	To:
Address:	City, State, Zip	Position:	
Duties:	Supervisor's Name		
	May we contact your present employer?		
Reason for Leaving:	___Yes___No		
Employer:	Phone	From:	To:
Address:	City, State, Zip	Position:	
Duties:	Supervisor's Name		
Reason for Leaving:			
Employer:	Phone	From:	To:
Address:	City, State, Zip	Position:	
Duties:	Supervisor's Name		
Reason for Leaving:			

PROFESSIONAL REFERENCES: (Please provide the names of 3 persons not related to you – 2 professional & 1 personal preferred).

NAME	ADDRESS	PHONE # OR EMAIL	OCCUPATION	YEARS ACQUAINTED

PERSONAL REFERENCE:

NAME	ADDRESS	PHONE # OR EMAIL	OCCUPATION	YEARS ACQUAINTED

APPLICANT'S AUTHORIZATION AND CERTIFICATION

PLEASE READ CAREFULLY

I understand that providing false information on an application for employment is grounds for the Company to refuse to hire me, or to terminate my employment in the event that the misrepresentation is discovered after I have been hired.

In submitting this application for employment, I authorize the Company to investigate all statements contained in it, and I understand that my current and/or former employers may be contacted to provide information concerning my suitability for employment, and that the references whom I have listed above will be contacted concerning my suitability for employment. I expressly authorize the Company to conduct such inquiries and I release the Company and any responding parties from any and all liability associated with such inquiries

I understand that in the event that I am hired, I will be hired as an at-will employee, and my employment may be terminated at any time, with or without cause, at the option of either the company or myself. I understand that no representative of the Company except the President has any authority to enter into any legally binding employment agreement.

I certify that I have read this entire employment application, including all information that I have provided on the application, and the entire statement set forth immediately above. I further certify that all of the information that I have provided on this employment application is true and correct.

Date

Signature

After completion, please return this form to: Pine Hill Trailers

2969 Lincoln Highway East

Gordonville, PA 17526

Email: hr@pinehilltrailers.com