

# METRO PHILLY management

**APPLICATION FOR EMPLOYMENT**  
(Please circle the entity that you are applying for)



**ALL POTENTIAL EMPLOYEES ARE EVALUATED WITHOUT REGARD TO RACE, COLOR, RELIGION, GENDER, NATIONAL ORIGIN, AGE, MARITAL OR VETERAN STATUS, THE PRESENCE OF A NON-JOB RELATED HANDICAP OR ANY OTHER LEGALLY PROTECTED STATUS.**

Date \_\_\_\_\_ Name \_\_\_\_\_  
 Address \_\_\_\_\_ City \_\_\_\_\_  
 State \_\_\_\_\_ Zip \_\_\_\_\_  
 Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_  
 Other Phone \_\_\_\_\_ Email Address: \_\_\_\_\_  
 Position Sought \_\_\_\_\_ Experience for this position [ ] Yes [ ] No  
 How did you learn about the position? \_\_\_\_\_  
 Have you ever worked for any of our companies before? [ ] Yes [ ] No  
 If YES, When \_\_\_\_\_ Where \_\_\_\_\_  
 Date Available to Start \_\_\_\_\_ Desired Wage/Salary \$ \_\_\_\_\_  
 Are you a U.S. citizen, or are you otherwise authorized to work in the U.S.  
 without any restriction? [ ] Yes [ ] No  
 Have you ever been involuntarily terminated or asked to resign from any  
 position of employment? [ ] Yes [ ] No  
 If yes, please describe circumstances:

\_\_\_\_\_

Are you able to perform the duties for the position you are applying to? [ ] Yes [ ] No  
 If selected for employment, are you willing to submit to a pre-employment drug  
 screening?  
 [ ] Yes [ ] No \*Are you 18 or over? [ ] Yes [ ] No

**EDUCATION (Most Recent First)**

School Name	Location	Years Attended	Degree Received	Major

List other information or skills pertinent to the employment you are seeking:

\_\_\_\_\_

**EMPLOYMENT HISTORY (Most Recent First)**

Employer \_\_\_\_\_ Job Title \_\_\_\_\_  
 Dates Employed From \_\_\_\_\_ To \_\_\_\_\_ Phone \_\_\_\_\_  
 Starting Salary \_\_\_\_\_ Ending Salary \_\_\_\_\_  
 Duties Performed \_\_\_\_\_  
 Supervisor \_\_\_\_\_ Reason for Leaving \_\_\_\_\_  
 May we contact your Supervisor? [  ] Yes [  ] No  
 Employer \_\_\_\_\_ Job Title \_\_\_\_\_  
 Dates Employed From \_\_\_\_\_ To \_\_\_\_\_ Phone \_\_\_\_\_  
 Starting Salary \_\_\_\_\_ Ending Salary \_\_\_\_\_  
 Duties Performed \_\_\_\_\_  
 Supervisor \_\_\_\_\_ Reason for Leaving \_\_\_\_\_  
 May we contact your Supervisor? [  ] Yes [  ] No

**Emergency Contact Information Name \_\_\_\_\_ Phone \_\_\_\_\_**

**AVAILABILITY**

*List the times you're available to work. If available for all shifts, please write **OPEN***

**Sunday:** \_\_\_\_\_  
**Monday:** \_\_\_\_\_  
**Tuesday:** \_\_\_\_\_  
**Wednesday:** \_\_\_\_\_  
**Thursday:** \_\_\_\_\_  
**Friday:** \_\_\_\_\_  
**Saturday:** \_\_\_\_\_

**Holidays and Weekends are a requirement of employment. All applicants must have an availability listed on weekends for the employment application to be considered.**

**ACKNOWLEDGMENT AND AUTHORIZATION**

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. This application for employment shall be considered active for a period of time not to exceed 90 days. I hereby understand and acknowledge that, unless otherwise defined by applicable law, any employment relationship with this organization is of an "at will" nature, which means that the Employee may resign at any time and the Employer may discharge Employee at any time with or without cause. It is further understood that this "at will" employment relationship may not be changed by any written document or by conduct unless such change is specifically acknowledged in writing by an authorized executive of this organization. In the event of employment, I understand that false or misleading information given in my application or verbally during my interview(s) may result in discharge. I understand, also, that I am required to abide by all rules and regulations of the employer.

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

\_\_\_\_\_  
Date