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3. When finished, save it with updated information
4. Email the completed form to ngalbraith@clarionbathware.com

Clarion

APPLICATION FOR EMPLOYMENT

CLARION BATHWARE
16273 ROUTE 208
MARBLE, PA 16334
Phone: 814-782-3016 Fax: 814-782-3434

P E R S O N A L	LAST NAME	FIRST NAME	MIDDLE NAME	DATE
	STREET ADDRESS			HOME TELEPHONE ()
	CITY, STATE, ZIP			CELL PHONE ()
	HAVE YOU EVER APPLIED FOR EMPLOYMENT WITH US? YES NO IF YES, WHEN _____ LOCATION _____			BUSINESS TELEPHONE ()
	WHAT SHIFT CAN YOU WORK? 1 ST 2 ND 3 RD ANY			POSITION DESIRED:
	APART FROM ABSENCE FOR RELIGIOUS OBSERVATION, ARE YOU AVAILABLE FOR FULL TIME WORK? YES NO			WILL YOU WORK OVERTIME IF ASKED? YES NO
	DO YOU HAVE RELIABLE TRANSPORTATION? YES NO			WHEN WILL YOU BE AVAILABLE FOR WORK?
	ARE YOU A CITIZEN OF THE UNITED STATES? YES NO			IF NO, ARE YOU AUTHORIZED TO WORK IN THE UNITED STATES? YES NO
	HAVE YOU EVER BEEN CONVICTED OF A FELONY? YES NO			IF YES, WHEN?
	OTHER SPECIAL TRAINING OR SKILLS (LANGUAGES, MACHINE OPERATION, ETC.)			

E D U C A T I O N	SCHOOL	NAME AND LOCATION OF SCHOOL	COURSE OF STUDY	ATTENDED	DID YOU GRADUATE? WHAT DEGREE?
	HIGH SCHOOL				
	COLLEGE				
	BUSINESS/ TRADE/ TECHNICAL				

We consider applicants for all positions without regard to race, color, religion, creed, gender, national origin, age, disability, marital or veteran status, sexual orientation, or any other legally protected status.

EMPLOYMENT		<u>Please give accurate and complete full time and part time employment records. Start with your present or most recent employer.</u>	
1	COMPANY NAME	TELEPHONE ()	
	ADDRESS	EMPLOYED FROM TO	
	NAME OF SUPERVISOR	WEEKLY PAY START LAST	
	STATE JOB TITLE AND DESCRIBE YOUR WORK	REASON FOR LEAVING	
2	COMPANY NAME	TELEPHONE ()	
	ADDRESS	EMPLOYED FROM TO	
	NAME OF SUPERVISOR	WEEKLY PAY START LAST	
	STATE JOB TITLE AND DESCRIBE YOUR WORK	REASON FOR LEAVING	
3	COMPANY NAME	TELEPHONE ()	
	ADDRESS	EMPLOYED FROM TO	
	NAME OF SUPERVISOR	WEEKLY PAY START LAST	
	STATE JOB TITLE AND DESCRIBE YOUR WORK	REASON FOR LEAVING	
4	COMPANY NAME	TELEPHONE ()	
	ADDRESS	EMPLOYED FROM TO	
	NAME OF SUPERVISOR	WEEKLY PAY START LAST	
	STATE JOB TITLE AND DESCRIBE YOUR WORK	REASON FOR LEAVING	
We may contact the employers listed above unless you indicate those you do not want us to contact.		DO NOT CONTACT	
		EMPLOYER NUMBER(S): _____	
		REASON: _____	
MILITARY		DID YOU SERVE IN THE US ARMED IF YES, WHICH BRANCH? FORCES? YES NO	
		RANK AT DISCHARGE IF OTHER THAN HONORABLE DISCHARGE, EXPLAIN	

LIST OF PROFESSIONAL REFERENCES	
1	Name _____ Telephone () _____ Address _____ How long have you known this person? _____ What is their relationship to you? _____
2	Name _____ Telephone () _____ Address _____ How long have you known this person? _____ What is their relationship to you? _____
3	Name _____ Telephone () _____ Address _____ How long have you known this person? _____ What is their relationship to you? _____

Do you know anyone who has worked, or is currently working, at Clarion Bathware? YES NO

If yes, who? _____

Clarion Bathware promotes a drug free work environment. All employment offers are contingent upon a negative drug test and receiving approval from the medical review to wear a respirator. **Drug testing is at the applicant's expense.** Clarion Bathware will reimburse the employee after successfully completing the training period.

My signature indicates that the information on this application is true, correct and complete. If employed, any misstatement or omission of fact on this application may result in my dismissal. I understand that acceptance of an offer of employment creates no obligation upon you, the employer, to continue to employ me in the future. If you engage an investigative consumer reporting agency to report my credit history and/or employment history I authorize you to do so and to, at my request, provide me with that agency's name and results. I authorize all previous employers to release my employment history as documented in my personal file and agree to hold them harmless from liability.

DATE: _____

SIGNATURE: _____