



Merchants Row, Old City
 57 North 3rd Street • Philadelphia, Pennsylvania 19106
 Voice: 215.922.1500 Fax: 215.922.2733

PERSONAL DATA

NAME: _____
 ADDRESS: _____
 CITY: _____ STATE: _____ ZIP: _____
 PHONE: _____
 SOCIAL SECURITY NUMBER _____
 Are you at least 18 years of age? Yes No

EDUCATION:

HIGH SCHOOL: _____
 CITY: _____ STATE: _____ ZIP: _____
 COLLEGE: _____
 CITY: _____ STATE: _____ ZIP: _____
 LAST GRADE COMPLETED: _____
 MAJOR: _____ DEGREE: _____

AVAILABILITY

	Mon.	Tues.	Wed.	Thur.	Fri.	Sat.	Sun.
FROM							
TO							

PERSONAL DATA

Total hours available per week _____
 Do you have any work or school obligations which would prevent you from working the schedule you've listed above? Yes No
 If yes, explain _____
 How far do you live from this location? _____
 Do you have reliable transportation to & from work? _____
 Type of work in which you are interested? _____
 Salary Desired: _____ Date Available: _____
 Note here if this is summertime employment only _____

How did you hear about The Papery?
 Newspaper Employment Agency Walk-In Referral (if referral, by whom) _____ Other _____
 Are you a U.S. Citizen? Yes No What is your status? _____ (Proof of citizenship and/or work required)
 Have you ever been convicted of a crime? Yes No If yes, explain: _____
 Have you ever been warned about or discharged for any form of harassment, fighting or related offenses?
 Yes No If yes, explain: _____

(A yes answer to this question will not automatically disqualify an applicant.)

SEE REVERSE

FOR OFFICE USE ONLY

Papery Location: _____ Starting Pay Rate: _____ Please circle one: Mgr., Asst. Mgr., Sales Asst., Other

EMPLOYMENT HISTORY (start with most recent employer)

Employer's Name & Address _____	Dates Employed, from (mo/yr) _____ to: _____	Position Held & Duties _____
_____	Hourly Wage - Starting \$ _____ Final \$ _____	_____
_____	MANAGER USE ONLY Reference Check Done by: _____	_____
_____	_____	Name of Immediate Supervisor _____
Phone #: _____	Comments _____	Reason for leaving _____

Employer's Name & Address _____	Dates Employed, from (mo/yr) _____ to: _____	Position Held & Duties _____
_____	Hourly Wage - Starting \$ _____ Final \$ _____	_____
_____	MANAGER USE ONLY Reference Check Done by: _____	_____
_____	_____	Name of Immediate Supervisor _____
Phone #: _____	Comments _____	Reason for leaving _____

APPLICANT PLEASE READ THE STATEMENT BELOW

In consideration of my employment, I agree to follow the rules and regulations of The Papery; I understand that my employment and compensation can be terminated with or without cause, and without prior notice at any time by the Company or at my own option. I agree that all information I obtain about the Company, its business and invention will be maintained in confidence by me and will not be disclosed to third parties.

I declare that my answers to the questions of this application are true, and I give The Papery the right to investigate all statements and secure additional information, if desirable;e, including criminal and other reports form federal, state and local agencies. I authorize, without reservation, any party contacted to furnish such information, and hereby release from all liability and responsibility all persons, companies or corporations furnishing any such information. I understand that any incomplete or false information contained in this application could result in the termination of my employment. I agree my continued employment is subject to the review and further approval of my application package by The Papery's personnel department.

Signature _____ Date _____

The Papery is an equal opportunity employer. The Civil Rights Acts of 1964 and 1991, the Americans with Disabilities Act, and State and Local laws prohibit discrimination on the basis of race, color, religion, sex, national origin, or disability. In addition, the Age Discrimination in Employment Act of 1978 and some State and Local laws prohibit discrimination on the basis of age with respect to individuals who are at least 40 years of age. It is our policy to comply fully with these Acts and information requested on this application will not be used for any other purpose prohibited by law.

COMPANY MANAGER USE ONLY (To be completed only after candidate has accepted offer of employment)
 Managers must complete this information for the new hire to be paid.

EEO Code: (circle one)	*Marital Status (circle one)	Start Date: _____
0 - Caucasian	M - Married	Birth Date: _____ Position Title: _____
1 - Black	S - Single	Citizenship: _____ (USA/Other : _____)
2 - Asian	D - Divorced	Sex _____ (M/F)
3 - Am. Indian	X - Separated	*No. Dependents _____
4 - Hispanic	W - Widowed	

*NOTE In these fields ACTUAL information should be used.