

## APPLICATION FOR EMPLOYMENT

It is our policy to comply with all applicable state and federal laws prohibiting discrimination in employment based on race, age, color, sex, religion, national origin, disability, or union affiliation.

1. Please review the instructions listed below carefully before filling out this Application. Failure to follow the instructions or failure to fully complete and sign this form will result in the exclusion of your Application.
2. This Application will be kept on file for 60 days. If you wish to be considered for employment after 60 days from the date you submit your Application, you need to return to the office and fill out another application.
3. Answer only the questions asked. DO NOT include any extraneous information which would indicate your race, age, color, sex, religion, national origin, disability or union affiliation. Since we are an Equal Opportunity Employer, information relating to those factors has no place in our hiring process.

### PERSONAL DATA

Name: \_\_\_\_\_  
First Middle Last

Address: \_\_\_\_\_  
City State Zip

Email Address: \_\_\_\_\_

Best times to contact you: \_\_\_\_\_ Home Phone Number ( ) \_\_\_\_\_

Work Phone Number ( ) \_\_\_\_\_ Cell Phone Number ( ) \_\_\_\_\_

Position Sought: \_\_\_\_\_ Salary Requested: \_\_\_\_\_

Will you accept full-time work? \_\_\_\_\_  Yes  No

Will you accept part-time work? \_\_\_\_\_  Yes  No

Are you available to work overtime? \_\_\_\_\_  Yes  No

Will you work on an internship? \_\_\_\_\_  Yes  No

Date available: \_\_\_\_\_

How were you referred to us? \_\_\_\_\_

Are you of legal age to work?  Yes  No

Are you a U.S. citizen or have a legal right to be employed in the U.S.? (If yes, proof is required)  Yes  No

Can you perform the essential functions of the job(s) for which you are applying?  Yes  No

If travel is required, do you have any restrictions?  Yes  No

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

Have you had any automobile accidents in the past three years? If so, how many and please explain the circumstances  Yes  No

Do you have a non-compete or other agreement that restricts your ability to work for us?  Yes  No

Have you ever been convicted of a felony, misdemeanor or released from prison in the past seven years? If Yes, please explain:  Yes  No

**EMPLOYMENT HISTORY – Please provide work experience over the past five years beginning with your most recent employer. Attach additional pages if necessary.**

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May we contact your most recent employer?

Yes

No

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Employer: \_\_\_\_\_ Phone Number: (     ) \_\_\_\_\_

Address: \_\_\_\_\_ Employed From \_\_\_\_\_ To \_\_\_\_\_

Position Title: \_\_\_\_\_

Wage/Salary: \_\_\_\_\_ Supervisor's Name: \_\_\_\_\_

Reason for Leaving: \_\_\_\_\_

Nature of work performed and responsibilities: \_\_\_\_\_

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Employer: \_\_\_\_\_ Phone Number: (     ) \_\_\_\_\_

Address: \_\_\_\_\_ Employed From \_\_\_\_\_ To \_\_\_\_\_

Position Title: \_\_\_\_\_

Wage/Salary: \_\_\_\_\_ Supervisor's Name: \_\_\_\_\_

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Nature of work performed and responsibilities: \_\_\_\_\_

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Reason for Leaving: \_\_\_\_\_

Nature of work performed and responsibilities: \_\_\_\_\_

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**PROFESSIONAL REFERENCES**

Name	Phone	Email	Relationship

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**EDUCATION**

School Attended	Name	City, State, Zip	Major/Course Of Study	Highest Level Completed	Degree
High School					
College					
Graduate School					
Business/Trade					
Other (Describe					

**Professional License, Registration or Certifications: (Please list type and date)**

**Please verify basic computer skills:**

Word       Excel       PowerPoint       Email       Internet       Other: \_\_\_\_\_

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**PLEASE READ CAREFULLY**

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**APPLICATION FORM WAIVER**

In exchange for the consideration of my job application by Ford Business Machines, Inc. (hereinafter called "the Company"), I agree that:

Neither the acceptance of this application nor the subsequent entry into any type of employment relationship, either in the position applied for or any other position, and regardless of the contents of employee handbooks, benefit plans, policy statements, and the like as they may exist from time to time, or other Company practices, shall serve to create an actual or implied contract of employment, or confer any right to remain an employee of the Company, or otherwise to change in any respect the employment-at-will relationship between it and the undersigned; and that relationship cannot be altered except by a written instrument signed by the President. Both the undersigned and the Company may end the employment relationship at any time, without specified notice or reason. If employed, I understand that the Company may unilaterally change or revise their benefits, policies and procedures and such changes may include reduction in benefits.

I hereby certify that the foregoing statements are true and correct to the best of my knowledge, and hereby grant permission to Investigate all statements and information contained in this application. I understand that the misrepresentation or omission of facts called for is cause for dismissal at any time without previous notice. I hereby give the Company permission to contact schools, previous employers (unless otherwise indicated), references, and others, and hereby release the Company from any liability as a result of such contact. I agree that the Company or any of its subsidiaries shall not be liable in any respect if my employment is terminated because of falsity of statements, answers, or omissions made by me on this application.

I understand I will be required to sign a Confidentiality Agreement and Conflict of Interest Agreement that will include a non-compete clause.

I understand that in connection with the routine processing of my employment application I may be required to authorize the Company to conduct a criminal or other background check and the Company may request information regarding credit history if related to my position. These requests will be processed by an outside company that will, upon written request from me, provide me with additional information concerning the nature and scope of any such report requested by it, as required by the Fair Credit Reporting Act.

I understand that within three days of my employment, I will be required to certify and provide required documentation of my right to work in the United States and that failure to do so may result in suspension or termination of employment.

I understand I may be required, as a condition of employment, to undergo a drug screen. I understand if I test positive and am determined to be in violation of this Policy, I will be ineligible for employment. I also understand that under certain circumstances I may start before test results are known. In such circumstances my continued employment is conditional upon passing the drug screen.

I further understand that my employment with the Company shall be introductory for a period of ninety (90) days, and further that at any time during the introductory period or thereafter, my employment relations with the Company is terminable at will for any reason by either party. In addition, I understand that no promise, representation or agreement to the foregoing is binding on the Company unless made in writing and signed by me and an authorized representative of the Company.

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

Date: \_\_\_\_\_

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**Thank you for completing this application form and your interest in our business.**