

Patton Warehousing, LLC

55 Patton Drive
Milton, PA 17847
570-246-5220
operations@pattonwarehousing.com

It is the policy of Patton Warehousing, LLC to provide equal employment opportunity to all qualified persons without regard to citizenship, race, color, creed, religion, gender, sexual orientation, age, national origin, marital status, disability or veteran status. It is our intention that all qualified applicants be given equal opportunity and that selection decisions be based on job-related factors.

EMPLOYMENT APPLICATION

Position(s) Applying For: _____

PERSONAL INFORMATION

Name (Last, First, Middle)	Telephone Number	Cell Number
Address:	Alternate Phone	
City/State/Zip	Social Security Number (Optional)	

Are you legally authorized to work in the United States? Yes <input type="checkbox"/> No <input type="checkbox"/>
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Are you applying for: F/T <input type="checkbox"/> P/T <input type="checkbox"/> Temp <input type="checkbox"/>	What shift(s) will you Work? First <input type="checkbox"/> Second <input type="checkbox"/> Third <input type="checkbox"/>	May we contact your Present Employer? Yes <input type="checkbox"/> No <input type="checkbox"/>
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EMPLOYMENT HISTORY – Begin with most recent employment

Dates From To	Company Name	City, State
Titles and Duties –		
Reason for Leaving	Supervisor's Name	Telephone Number

Dates From To	Company Name	City, State
Titles and Duties –		
Reason for Leaving	Supervisor's Name	Telephone Number

Dates From To	Company Name	City, State
Titles and Duties –		

Reason for Leaving	Supervisor's Name	Telephone Number
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MILITARY – Branch of Service

Describe any military training received relevant to the position for which you are applying:

EDUCATION/TRAINING – Include Technical/Academic Achievements/Courses

Have you obtained a high school diploma or GED certificate? Yes <input type="checkbox"/> No <input type="checkbox"/>			
<i>School</i>	<i>Name & Location</i>	<i>Diploma/Degree</i>	<i>Subject of Specialization</i>
High School			
College/University			

WORKABILITY

Are you able to perform the essential functions of the job for which you are applying with or without a reasonable accommodation?

Yes
 No

If "with reasonable accommodation", what accommodations would be required? _____

PAST PERFORMANCE

Have you ever been terminated from employment or asked to resign by an employer?

Yes
 No

If yes, please provide company names, the reason for termination and contacts:

FELONIES AND/OR CONVICTIONS

Have you ever been convicted of a felony offense?

Yes
 No

If yes, please provide dates, nature of and locations for all convictions:

(A conviction will not disqualify you for employment. Rather, such factors as age, date of conviction, seriousness and nature of the crime will be considered)

OTHER SPECIAL SKILLS – List other Specific Skills you have to offer for this opening:

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REFERENCES – Give the Names of Three Professional and 2 Personal (no one related to you)

Name	Address	Telephone	Occupation

Authorization and Acknowledgement

Please Read Carefully Before Signing

I authorize investigation of all statements contained in this application (if I am considered for employment) and hereby authorize previous employers, personal references named or any other person or persons to whom the company may refer, to give any and all information regarding my background if requested. I also authorize, whether listed or not, any person, school, current employer, past employers and organizations to provide relevant information and opinions that may be useful in making a hiring decision. I release such persons and organizations from any legal liability in making such statements.

I understand that Patton Warehousing, LLC may request an investigative consumer report from a consumer reporting agency. This report may include information as to my character, reputation, personal characteristics and mode of living obtained from interview with neighbors, friends, former employees, schools and others. I understand I have a right to make a written request with reasonable time for the disclosure of the name and address of the consumer reporting agency so that I may obtain a complete disclosure of the nature and scope of the investigation.

If employed, I agree to engage in no outside activity which would involve a material conflict of interest with, or which could, as determined by the company, reflect adversely on the company.

If employed, I agree to maintain confidentiality regarding any information concerning the company that may come to my knowledge. Further, I agree to comply with all the policies and regulations of the company as set forth in the company's employee handbook or other communications distributed to all employees.

I understand that neither the completion of this application nor any other part of my consideration for employment established any obligation for the company to hire me. I understand that if employment is offered to me, either verbally or in writing, such offer does not constitute a contract of employment. I understand that if I am employed by the company, my enrollment will be for no definite period of time and that my employment can be terminated at any time and for any reason, with or without cause and without prior notice, at the option of either the company or myself. I also understand that this status can only be altered by a written contract of employment, specific to all material terms, that is signed by an authorized officer/manager of the company.

I attest with my signature below that I have read all of the previous statements and understand the same and that all statements made by me are true and accurate to the best of my knowledge and that I have withhold nothing that would, if disclosed, affect this application unfavorably. I understand that any false statements or material omissions are sufficient cause for rejection on my application for employment and that, if I am hired, I may be dismissed if, after employment, it is learned that any of my entries or information are false, misleading or incomplete. I certify that I am at least 18 years of age and am legally authorized to work in the United States.

I understand that I may be required to successfully pass a drug screening examination. I hereby consent to pre-and/or post-employment drug screen as a condition of employment, if required.

I UNDERSTAND THAT THIS APPLICATION OR SUBSEQUENT EMPLOYMENT DOES NOT CREATE A CONTRACT OF EMPLOYMENT NOR GUARANTEE EMPLOYMENT FOR ANY DEFINITE PERIOD OF TIME. IF EMPLOYED, I UNDERSTAND THAT I HAVE BEEN HIRED AT THE WILL OF THE EMPLOYER AND MY EMPLOYMENT MAY BE TERMINATED AT ANY TIME, WITH OR WITHOUT CAUSE AND WITH OR WITHOUT NOTICE.

Applicant's Name: (Please Print) _____

Applicant's Signature _____ Date _____