



Application for Employment

PLEASE PRINT APPLCIATION AND MAIL IT TO: My Handyman of Lower Bucks
211 N Sycamore St
Newtown, PA 18940

This application form helps the company to evaluate your suitability for employment. *It is not an employment contract.* Please answer each question completely and to the best of your ability. False or misleading statements and/or material omissions are grounds for refusal, or termination, of employment and benefits. Federal law provides penalties for false statements or documents related to U.S. employment eligibility.

We consider all applicants for employment without discrimination because of gender, marital status, race, age, creed, or national origin, or other legally protected status. Additional testing of job related skills necessary to accomplish the responsibilities for the position for which you are applying may be required prior to your employment.

Section 1 – Personal Information

Name (last, first, middle) _____

Present address _____ No. years there _____

(city, state, zip code) _____

Previous address _____ No. years there _____

(city, state, zip code) _____

SS Number _____ Email Address _____

Home Phone _____ Cell Phone _____

Work Phone _____ OK to call at work? Y N

Please provide any special information we may need about your name, or use of another name, for us to be able to check your work record and otherwise verify the information given in this Application.

Are you employed? Y N On what date would you be available for work? _____

Goals (What would you like to be doing in 2 years?) _____

In case of an emergency, we should notify:

Name _____ Phone _____



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Section 2 – Employment Interest

Position desired _____

If hired, can you provide the documents required to prove that you are legally able to work in the U.S.?

Y N

Can you perform the essential job functions for the position for which you are applying? Y N

Can you work 8 am – 5 pm, Monday through Friday? Y N

List special skills, training, experience which might help you while working for My Handyman :

What is the most important to you? Place a 1 by the most important, 2 by the next, and so forth.

- ___ Health Benefits
- ___ Free weekends and evenings
- ___ Income
- ___ Paid vacation
- ___ Advancement

Section 3 – Background Information

Have you ever been convicted of a felony offense? Y N

Have you ever been convicted of a misdemeanor offense? Y N

Do you have any pending misdemeanor or felony offenses? Y N

Have you ever been convicted of a driving offense? Y N When: _____

Drivers License # _____ State _____ Expiration _____

Restrictions _____

Have you ever threatened or committed an act of violence, harassment or discrimination against a fellow employee, customer, or any other person? Y N

If you answered yes to any of the above, please explain.

Section 4 – Education

Name/location of the school most recently attended _____

Last grade completed _____ Are you currently attending school? Y N

If yes, night classes _____ day classes _____ Where are the classes? _____

Are there any classes or work experiences that might help you at My Handyman ?



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Section 5 – Personal References

List two people who know you and who are not relatives.

Name _____ How long have they known you? _____

How do you know them? _____

Address _____

Telephone _____

Name _____ How long have they known you? _____

How do you know them? _____

Address _____

Telephone _____

Section 6 – Employment Record

Have you been discharged or asked to resign by any previous employer? Y N

If yes, please describe why

Why are you looking for a new job?

Number of employers in last 5 yrs? _____

Number of days you missed work in last year? _____

(except scheduled vacation/holidays)

Please list information about your last two jobs:

Employer's Name _____ **Type of Business** _____

Complete Address _____

Job Title _____ Employed From _____ to _____

Duties _____ Immediate Supervisor _____

Telephone _____ Reason for Leaving _____

Employer's Name _____ **Type of Business** _____

Complete Address _____

Job Title _____ Employed From: _____ to _____

Duties _____ Immediate Supervisor _____

Telephone _____ Reason for Leaving _____

May we contact the employers listed above? Y N If not, please indicate which one(s) you do not wish us to contact: _____



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Section 7 – Authorization and Understanding Certification

(Please initial in the box to the left of each statement)

- I certify that the answers given by me to the questions contained in this application, and statements made by me, are complete and true to the best of my knowledge and belief. I understand that any false information, material omissions or misrepresentations of facts requested in this application may result in rejection of my application or termination at any time during my employment.
- I certify that I am not a current user of illegal drugs.
- I understand and acknowledge that, as a condition of my being offered employment and continued employment, I will submit upon request to such lawful examinations as may exist to test for the illegal use of drugs.
- I understand that I may not work under the influence of alcohol, drugs, chemicals, or other controlled substances. I also understand that I may be required to submit to examinations that test for such substances if I am involved in a work-related accident.
- I agree to sign, as a requirement of employment, a Release and Authorization Agreement and other documents necessary to obtain consumer credit reports. I understand that these documents authorize the company and/or any of its agents, at any time before and during my employment, to conduct reference checks, driving and criminal history checks and other consumer report investigation(s) considered necessary.
- I understand that all offers of employment require satisfactory proof of my identity and legal authority to work in the United States. I also understand that an offer of employment is conditioned upon the company's receipt of satisfactory responses to reference requests and background checks.
- If I am offered employment, I understand that I will be asked to complete a medical history questionnaire and/or other medical examination.
- I understand and agree that if offered employment by the company, and I accept the offer, I will become an "at-will" employee of the company. As an "at will" employee, I will have the right to terminate my employment at any time for any reason, or for no reason, with or without advance notice. I further understand and agree that the company has the same right to terminate my employment, with or without cause and with or without advance notice. I also understand that, if employed, my "at-will" employment status does not change unless the company president/owner, and I, sign a written document that changes my employment status.
- I understand and agree that employee handbooks, manuals, personnel policies, and procedures are not employment contracts and do not change my status as an "at-will" employee.

PLEASE READ

This application will only be considered for the ninety-day period after its receipt by My Handyman . Should you wish to be considered after the expiration of this period, you must reapply.

Applicant signature: _____

Date: _____

Interviewed by: _____

Date: _____