

Delaware County Supply Co., Inc.
1000 Randall Avenue
Boothwyn, Pa. 19061
610-485-1812

For Official Use Only

Date Received: _____, 20__

Reviewed by: _____

Comments: _____

EMPLOYMENT APPLICATION

Delaware County Supply Co., Inc. provides equal employment opportunity to all qualified persons, and does not unlawfully discriminate against any person on the basis of race, color, creed, religion, sex, national origin, age, disability, marital or veteran status, sexual orientation, or any other legally protected status.

Please -

- Complete all items on the application, even if the information is included on your resume or other document submitted by you.
- Sign and date your application.
- Specify the exact title of the position in which you are interested.
- Type or print all requested information.
- If necessary, attach additional 8 ½ " x 11" sheets of paper to this application.

Position Applying For: _____

Personal Information

1. Name (Last, First Middle)	3. Social Security # -- --	6. Driver's License (State/No.)
2. Address (Street)	4. Telephone Number () -	7. Alternate Telephone () -
Address (City, State, Zip Code)	5. Email Address	

General Information

Are you legally eligible for work in the U.S.A.? Yes No *(if yes, verification will be required)*

Have you ever applied to or worked for Delaware County Supply Co., Inc. before? Yes No
 If so, when?

Are any of your relatives currently working for Delaware County Supply Co., Inc.? Yes No
 If so, please list name and department, if applicable.

Have you ever been convicted of a felony? Yes No
 If yes, please explain.

Employment Request

Minimum Salary Requested: \$ _____ If applicable, are you available for overtime? Yes No

What is the earliest date you can begin work?

How did you hear about this position?
 Recruiter Internet Job Posting Newspaper Classified Company Website Other _____

Employment History

**Please begin with most recent employment*

May we contact your current employer? Yes No Not Applicable

Employer: _____ Address: _____ _____ Supervisor: _____ Telephone: () _____ - _____	Dates of Employment: _____, _____ to _____, _____	Pay or salary Start: Final:	Position: Duties:	Reason for Leaving:
Employer: _____ Address: _____ _____ Supervisor: _____ Telephone: () _____ - _____	Dates of Employment: _____, _____ to _____, _____	Pay or salary Start: Final:	Position: Duties:	Reason for Leaving:
Employer: _____ Address: _____ _____ Supervisor: _____ Telephone: () _____ - _____	Dates of Employment: _____, _____ to _____, _____	Pay or salary Start: Final:	Position: Duties:	Reason for Leaving:

Education

School	Name	Location	Course of Study	Degree Obtained
High School/GED				
College/University				
Graduate School				
Vocational / Specialized				

Military

Military Service: Yes No

Branch: _____

Specialized Training:

References

Name	Company	Title	Contact Information

Signature / Certification

I certify that the facts set forth in this application are true, complete, and correct to the best of my knowledge. I understand that any misrepresentations, falsifications, or omissions on this application can be grounds for rejection of my application or, if I am employed by this company, for my immediate termination from employment. I authorize Delaware County Supply Co., Inc. to make any necessary inquiries and investigations into my education, military, or employment history. I further authorize, unless otherwise indicated on this application, the release of my information to Delaware County Supply Co., Inc. by any of the schools, services, or employers listed on this application.

Signature:

Date:



Background Screening and Human Resource Solutions

Applicant Notice and Consent Document

Fax Number: 267-419-1396

Client Name: Delaware County Supply Company, Inc. (610-485-1812) Client Code: DCS2

Branch Code: DCS2

Service Code: Level 1C [] Level 2C [] Level 2D [] Level 4C [] OTHER [] (please select)

Authorized Agent: _____ Time/Date Sent: _____

NOTICE TO APPLICANTS

Your employer has contracted with First Contact HR to verify certain information contained in your application for employment (including contract for services) or provided by you during the interview process. The information requested below is necessary to complete this task. This information is NOT a part of the application for employment and will be used for the sole purpose of verification of information, and or statements made by you. Please complete all information requested.

APPLICANT'S LEGAL NAME:

Last Name First M.I.

DAYTIME PHONE #:

EVENING #:

CURRENT HOME ADDRESS:

Street City/State Zip

DATE OF BIRTH:

SOCIAL SECURITY #

Month/Day/Year

DRIVER'S LICENSE #:

STATE OF ISSUANCE:

It is possible that your employment may be determined in whole or in part by your employer using data from a report supplied by First Contact HR, 535 West Pennsylvania Avenue, Suite 101, Fort Washington, PA 19034. Pursuant to Section 609 of the Fair Credit Reporting Act, you may be entitled to a copy of this report.

APPLICANT CONSENT: I understand and agree that First Contact HR will verify all or part of the information I have given my employer. I understand that this verification may include an inquiry into my credit history, driving record, criminal and civil records, felony & misdemeanor and deferred adjudication records, prior employment (including contacting prior employers), education (degree, GPA and attendance) as well as other public record information. I understand I may be required to provide a sample (either urine or hair) for a screening for illegal drugs. I agree that such information which First Contact HR has or obtains, and my employment history if I am hired, may be supplied by First Contact HR to other companies that subscribe to First Contact HR. If hired or contracted, this authorization shall remain on file and shall serve as ongoing authorization for the procurement of consumer reports at any time during my employment or contract period. I authorize the release of such information as may be necessary to verify the information I have provided. I release and hold harmless from all liability any individual or entity requesting or supplying information with respect to my application for employment.

APPLICANT'S SIGNATURE: _____ DATE: _____