

# BISHOP'S FULLTIME PORTABLES

23449 Route 220 Ulster, PA 18850  
 Email: fulltimeportables@bishopscorp.com  
 Phone: 570-358-1211 Fax: 570-358-3162



## APPLICATION FOR EMPLOYMENT

DATE	
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### Applicant Information

LAST NAME	FIRST	MIDDLE INITIAL
STREET ADDRESS		APARTMENT / UNIT #
CITY	COUNTY	STATE ZIP
PHONE	MOBILE PHONE	
EMAIL ADDRESS	DO YOU HAVE A VALID DRIVERS LICENSE ?	
SOCIAL SECURITY NO.	DRIVERS LICENSE #	STATE
ARE YOU A CITIZEN OF THE UNITED STATES ?	IF NO, ARE YOU AUTHORIZED TO WORK IN THE U.S. ?	
HAVE YOU EVER WORKED FOR THIS COMPANY?	IF SO, WHEN?	
HAVE YOU EVER BEEN CONVICTED OF A FELONY?	IF SO, EXPLAIN	

POSITION APPLIED FOR	DATE AVAILABLE			
DESIRED SALARY	TYPE OF WORK DESIRED	FULL TIME WORK	PART TIME WORK	
AVAILABLE FOR ?	NIGHTS	EARLY MORNINGS	WEEKENDS	OVERTIME

### Education

HIGH SCHOOL	ADDRESS		
FROM	TO	DID YOU GRADUATE?	TYPE OF DEGREE
FIELDS OF STUDY			

COLLEGE	ADDRESS		
FROM	TO	DID YOU GRADUATE?	TYPE OF DEGREE
FIELDS OF STUDY			

TRADE SCHOOL	ADDRESS		
FROM	TO	DID YOU GRADUATE?	TYPE OF DEGREE
FIELDS OF STUDY			

OTHER	ADDRESS		
FROM	TO	DID YOU GRADUATE?	TYPE OF DEGREE
FIELDS OF STUDY			

### Military Service

BRANCH	FROM	TO
RANK AT DISCHARGE	TYPE OF DISCHARGE	
IF OTHER THAN HONORABLE, EXPLAIN		

**Previous Employment (Starting with most recent)**

COMPANY				TYPE OF BUSINESS			
ADDRESS					PHONE		
JOB TITLE			SUPERVISOR				
START DATE		END DATE		STARTING PAY		ENDING PAY	
RESPONSIBILITIES							
REASON FOR LEAVING							
MAY WE CONTACT YOUR SUPERVISOR FOR REFERENCE?					IF NO, WHY?		

COMPANY				TYPE OF BUSINESS			
ADDRESS					PHONE		
JOB TITLE			SUPERVISOR				
START DATE		END DATE		STARTING PAY		ENDING PAY	
RESPONSIBILITIES							
REASON FOR LEAVING							
MAY WE CONTACT YOUR SUPERVISOR FOR REFERENCE?					IF NO, WHY?		

COMPANY				TYPE OF BUSINESS			
ADDRESS					PHONE		
JOB TITLE			SUPERVISOR				
START DATE		END DATE		STARTING PAY		ENDING PAY	
RESPONSIBILITIES							
REASON FOR LEAVING							
MAY WE CONTACT YOUR SUPERVISOR FOR REFERENCE?					IF NO, WHY?		

**References**

PLEASE LIST THREE PROFESSIONAL REFERENCES. REFERENCES SHOULD NOT BE RELATED TO YOU.

FULL NAME				RELATIONSHIP			
COMPANY			JOB TITLE				
ADDRESS					PHONE		

FULL NAME				RELATIONSHIP			
COMPANY			JOB TITLE				
ADDRESS					PHONE		

FULL NAME				RELATIONSHIP			
COMPANY			JOB TITLE				
ADDRESS					PHONE		

**DISCLAIMER AND SIGNATURE**

I CERTIFY THAT ALL INFORMATION THAT I HAVE PROVIDED IS TRUE AND COMPLETE TO THE BEST OF MY KNOWLEDGE.  
IF EMPLOYED, I UNDERSTAND THAT FALSE OR MISLEADING INFORMATION IN MY APPLICATION OR INTERVIEW MAY RESULT IN MY RELEASE.

SIGNATURE				DATE			
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