



## APPLICATION FOR EMPLOYMENT

WE ARE AN EQUAL OPPORTUNITY EMPLOYMENT COMPANY. WE ARE DEDICATED TO A POLICY OF NONDISCRIMINATION IN EMPLOYMENT OF ANY BASIS INCLUDING RACE, CREED, COLOR, AGE, SEX RELIGION OR NATIONAL ORIGIN; OR PHYSICAL HANDICAP. PURSUANT TO THE "IMMIGRATION REFORM AND CONTROL ACT OF 1986", THE COMPANY WILL EMPLOY ONLY UNITED STATES CITIZENS AND ALIENS AUTHORIZED TO WORK IN THE UNITED STATES.

<b>PERSONAL INFORMATION</b>			(PLEASE PRINT)		DATE
LAST					
NAME		LAST	FIRST	MIDDLE	
PRESENT ADDRESS:					
		STREET	CITY	STATE	ZIP
PERMANENT ADDRESS					
		STREET	CITY	STATE	ZIP
PHONE NO.			SOCIAL SECURITY NUMBER		
COUNTY		MUNICIPALITY		REFERRED BY	
ARE YOU A CITIZEN OF THE UNITED STATES?			YES	NO	
<b>EMPLOYMENT DESIRED</b>					
					START DATE
POSITION		DATE YOU CAN START		SALARY DESIRED	
MIDDLE					
ARE YOU EMPLOYED NOW?			IF SO MAY WE INQUIRE OF YOUR PRESENT EMPLOYER		
EVER APPLIED TO THIS COMPANY BEFORE?			YES	NO	DATE

EDUCATION	NAME AND LOCATION OF SCHOOL	YEARS ATTENDED	GRADUATED	SUBJECT STUDIED
GRAMMAR SCHOOL				
HIGH SCHOOL				
COLLEGE				
TRADE, BUSINESS OR CORRESPONDENCE SCHOOL				

SUBJECT OF SPECIAL STUDY OR RESEARCH WORK

U.S. MILITARY OR NAVAL SERVICE	RANK	PRESENT MEMBERSHIP IN NATIONAL GUARD OR RESERVES
ACTIVITIES OTHER THAN RELIGIOUS (CIVIC, ATHLETIC, FRATERNAL, ETC.)		

EXCLUDE ORGANIZATIONS, THE NAME OR CHARACTER OF WHICH INDICATES THE RACE, CREED, COLOR OR NATIONAL ORIGIN OF ITS MEMBERS.

(CONTINUED ON OTHER SIDE)

**FORMER EMPLOYERS** (LIST BELOW LAST FOUR EMPLOYERS, STARTING WITH LAST ONE FIRST)

DATE MONTH AND YEAR	NAME AND ADDRESS OF EMPLOYER	SALARY	POSITION	REASON FOR LEAVING
FROM				
TO				
FROM				
TO				
FROM				
TO				
FROM				
TO				

**REFERENCES:** GIVE BELOW THE NAMES OF TWO PERSON NOT RELATED TO YOU. WHOM YOU HAVE KNOWN AT LEAST ONE YEAR.

NAME	ADDRESS	BUSINESS	YEARS ACQUAINTED

I hereby authorize and request any and all of my former employers and any other person, firm or corporation to furnish any and all information concerning my credit-worthiness and personal background and I hereby release each such employer or other person, firm or corporation from any and all liability by reason of furnishing the requested information. I understand that in connection with this application, a consumer report and / or an investigative consumer report may be requested whereby information is obtained through personal interviews with my neighbors, friends or associates or with others with whom I am acquainted or who may have knowledge with respect to my character, general reputation, personal characteristics and mode of living, and hereby authorize the procurement of any such report. I understand that, upon my request, I have the right to know if any such report was requested and, if so, the name and address of the consumer reporting agency that furnished such report and in the case of a consumer investigative report, that I may inspect and receive a copy of such report by contacting such agency. I also understand that I have the right to receive a complete and accurate disclosure of the nature and scope of the information requested if I request such disclosure within a reasonable period of time.

I agree that I will settle any and all previously unasserted claims, disputes or controversies arising out of or relating to my application or candidacy for employment, employment and/or cessation of employment with Wolfington Body Company, Inc., exclusively by final and binding arbitration before a neutral Arbitrator. By way of example only, such claims include claims under federal, state, and local statutory or common law, such as the Age Discrimination in Employment Act, Title VII of the Civil Rights Act of 1964, as amended, including the amendments of the Civil Rights Act of 1991, the Americans with Disabilities Act, the law of contract and the law of tort.

I further agree that, regardless of who is the prevailing party in that arbitration, I will always bear and be responsible for my own costs and counsel fees, and that Wolfington Body Company, Inc. will always bear and be responsible for its own costs and counsel fees.

I also acknowledge and agree that there is a benefit, to me and to Wolfington Body Company, Inc., in using arbitration rather than litigation because the former is usually less formal, faster and less expensive than the latter.

Finally, I agree that the location of the arbitration shall take place in either Lionville, Pennsylvania or Philadelphia, Pennsylvania.

I understand that if employed: 1) any misrepresentation or omission of facts requested in this application is cause for dismissal; and 2) my employment is for no definite period and I may, regardless of the date of payment of my wages and salary, be terminated at any time without prior notice.

I understand that if employed, I would be an employee-at-will of the Company and that this Application does not establish any contractual right either implied or express, to employment.

DATE \_\_\_\_\_ SIGNATURE OF APPLICANT \_\_\_\_\_

**FOR OFFICE USE ONLY**

INTERVIEWED BY	DATE	REMARKS
NEATNESS		CHARACTER
PERSONALITY		ABILITY
HIRED	FOR DEPT.	POSITION
		WILL REPORT
		SALARY WAGES
APPROVED: 1.	2.	3.
EMPLOYMENT MANAGER	DEPT. HEAD	GENERAL MANAGER
IN CASE OF EMERGENCY		
NOTIFY		
NAME	ADDRESS	PHONE NO.