



11931 State Route 85  
 Kittanning, PA 16201  
 724-543-3011 Voice  
 724-543-6768 Fax

## EMPLOYMENT APPLICATION

CWM Environmental is an equal opportunity employer and does not discriminate against applicants or employees on the basis of sex, race, color, religion, national origin, ancestry or age (40 years of age and over). In addition CWM Environmental does not discriminate against qualified individuals with disabilities.

Note: Please complete all sections of the application thoroughly using as much detail as possible so that it can be more accurately evaluated. Please use black ink or type:

(Please Print)			
Last Name	First	Middle	Date
Street Address			
City, State, Zip			
Home phone - (    ) _____		Business phone - (    ) _____	
Social Security Number _____ - _____ - _____			
Position desired _____			
<input type="checkbox"/> Full-time		<input type="checkbox"/> Part-time	
		<input type="checkbox"/> Temporary	
Are you available for full-time work?		<input type="checkbox"/> YES	<input type="checkbox"/> NO
If not, what hours can you work? _____			
Are you a citizen of the United States?			
<input type="checkbox"/> YES		<input type="checkbox"/> NO	
If not, do you have a valid work permit or valid alien registration card?			
<input type="checkbox"/> YES		<input type="checkbox"/> NO	
Special training or skills (special vehicle licenses, computer operation, production machinery, etc.)			

How did you learn of our organization? \_\_\_\_\_

Will you work overtime if required?       YES       NO

When will you be able to begin work? \_\_\_\_\_

**Employment** \_\_\_\_\_

You may exclude organizations that indicate race, veteran status, gender, non-job related disability or other legally protected status.  
 (List your present or last job first. Attach additional sheets as needed to describe job duties.)

Company Name	Telephone No. (    )
Address	Employment Dates From                      To
Name of Supervisor	Weekly or Monthly Pay Start                      Last
Job title and description of work	Reason for leaving May we contact this employer <input type="checkbox"/> YES <input type="checkbox"/> NO

Company Name	Telephone No. (    )
Address	Employment Dates From                      To
Name of Supervisor	Weekly or Monthly Pay Start                      Last
Job title and description of work	Reason for leaving May we contact this employer <input type="checkbox"/> YES <input type="checkbox"/> NO

Company Name	Telephone No. (    )
Address	Employment Dates From                      To
Name of Supervisor	Weekly or Monthly Pay Start                      Last
Job title and description of work	Reason for leaving May we contact this employer <input type="checkbox"/> YES <input type="checkbox"/> NO

Company Name	Telephone No. (    )
Address	Employment Dates

	From _____ To _____
Name of Supervisor	Weekly or Monthly Pay _____
	Start _____ Last _____
Job title and description of work	Reason for leaving _____
	May we contact this employer <input type="checkbox"/> YES <input type="checkbox"/> NO

## Education \_\_\_\_\_

School Name and Location	Dates Attended	Course of Study	No. Years Completed	Did You Graduate?	Degree or Diploma
Post - Graduate				<input type="checkbox"/> YES <input type="checkbox"/> NO	
College				<input type="checkbox"/> YES <input type="checkbox"/> NO	
High School				<input type="checkbox"/> YES <input type="checkbox"/> NO	
Other				<input type="checkbox"/> YES <input type="checkbox"/> NO	

## Membership in professional or civic organizations

(You may exclude those that disclose your race, veteran status, gender, non-job related disability or other legal protected status.)

## Veteran Status \_\_\_\_\_

Complete this section if you served in the U.S. Armed Forces.

Branch of Service \_\_\_\_\_

Describe your duties \_\_\_\_\_

Dates served From \_\_\_\_\_ To \_\_\_\_\_

Rank at discharge \_\_\_\_\_ Date of final discharge \_\_\_\_\_

Are you a member of a reserve organization?  YES  NO

If yes, which reserve organization? \_\_\_\_\_

## Clerical Skills and Abilities (Where applicable) \_\_\_\_\_

Typing speed \_\_\_\_\_ WPM

Shorthand Speed \_\_\_\_\_ WPM

Check if you have training or knowledge of working with:

- |  |   |
|--|---|
| <input type="checkbox"/> PC                      | <input type="checkbox"/> Lotus 1-2-3/Other: _____ |
| <input type="checkbox"/> FAX                     | <input type="checkbox"/> MS Word/Excel _____      |
| <input type="checkbox"/> Transcription Equipment | <input type="checkbox"/> Calculator _____         |
| <input type="checkbox"/> Exell                   | <input type="checkbox"/> Power Point _____        |
|  | <input type="checkbox"/> Access _____             |

Please give answers to the following questions:

1. Are you presently employed?       YES       NO  
If yes, state reason for seeking this position \_\_\_\_\_

NOTE: Do not answer questions 2, 3 or 4 unless you have been informed of the requirements of the job for which you are applying.

2. I feel I am capable of performing all the duties of the job for which I am applying.  
 YES       NO

3. I can perform the job for which I am applying with the following accommodations:  
\_\_\_\_\_

4. I cannot perform the following duties of the job for which I am applying:  
\_\_\_\_\_

5. Do you possess a valid Pennsylvania Driver's License?     YES       NO  
License No. \_\_\_\_\_

6. Have you been convicted of a felony or misdemeanor within the past 10 years?  
 YES       NO

If yes, give dates and explanation \_\_\_\_\_

\_\_\_\_\_  
(Conviction will not necessarily disqualify applicant from employment)

### **Certification & Authorization (Please read carefully)**

My signature below certifies that the truth and accuracy of all statements contained in this application are true. I understand that any false statement, omission, or inaccuracies may disqualify me from consideration for employment or, if discovered after employment will be cause for discharge if I am employed.

I authorize **CWM Environmental** to verify and investigate any and all information contained in this application, including but not limited to, contacting any and all employers, schools, and references.

***I understand that, unless otherwise defined by applicable law, any employment relationship with this organization is of an "AT WILL" nature, which means that the employee may resign at any time and the employer may discharge at any time with or without cause.***

If I am not hired, I understand that this application will be kept on file for a period of six (6) months. After this period, if I wish to be considered for employment with CWM Environmental, Inc., I must complete and resubmit another application.

DATE \_\_\_\_\_ SIGNATURE \_\_\_\_\_