



**SHARPSVILLE**  
CONTAINER

# Employment Application

Sharpville Container Corp.

Human Resources  
600 Main Street  
Sharpville, PA 16150  
Phone number: (724) 962-1100 Fax number: (724) 962-4794  
Sharpville Container website: [www.sharpsvillecontainer.com](http://www.sharpsvillecontainer.com)

An Equal Opportunity Employer and a Drug-Free Workplace

Persons needing accommodations in accordance with the Americans with Disabilities Act please notify the Office of Employee Services.

Position Title	Today's Date			
<b>1. Print Name:</b>	_____		_____	
	Last	First	Middle	
<b>2. Current Address:</b>	_____		_____	
	Number & Street Name		Apartment Number	
	_____	_____	_____	_____
	City	County	State	Zip Code
<b>3. Mailing Address:</b> (If different from above)	_____		_____	
	Number & Street Name		Apartment Number	
	_____	_____	_____	_____
	City	County	State	Zip Code
<b>4. Personal Phone:</b>	_____		<b>Business Phone:</b> _____	
	Area Code and Number		Area Code and Number	
<b>5. Previous Residence:</b>	_____		_____	
	Number & Street Name		Apartment Number	
	_____	_____	_____	_____
	City	County	State	Zip Code
<b>6. E-mail Address:</b>	_____			
	E-mail Address			

All applications and/or resumes *must* be submitted to the Office of Employee Services or postmarked by the advertised closing date, *no exceptions*. Applications and/or resumes are accepted only for positions that are posted (open for recruitment).

**READ THIS SECTION CAREFULLY BEFORE YOU SIGN THE APPLICATION BELOW**

The Office of Employee Services staff designated staff is authorized to verify any or all of the information contained herein. By my signature below, I hereby authorize the release of all information related to my application for employment service, including, but not limited to, military service, education and employment history.

A false answer to any question(s), in this application may be grounds for non-selection, or for termination after you begin work. **All statements are subject to investigation, including a check of your education, training and experience statements.** All information you give will be considered in reviewing your application.

I hereby certify that all statements made in this application and attached resume if included, are true. I understand that any misstatement, misrepresentation material omission or falsification of facts shall cause forfeiture of all rights to employment service with Lake County Government. I understand that after a conditional offer of employment service, the following tests may be required as a condition of employment service with Sharpville Container Corp.; drug screen, medical evaluation, background check, driver's license records check, credit report, criminal history check and a physical demonstration of job-related skills.

If accepted for employment service I agree to abide by and comply with all rules, regulations, policies and procedures of Sharpville Container Corp.. I understand that my employment is at-will, that I have the right to terminate my employment at any time with or without cause, and that Sharpville Container Corp. has the same right. I understand that no representative of the employer has any authority to enter into any agreement with me contrary to the policies and practices of Sharpville Container Corp..

Date Signed

Applicant's Signature - In Ink (Submittal of this application electronically is considered an electronic signature.)

Name \_\_\_\_\_

**7. Type of Employment Service Sought** (check all that apply):

FULL TIME                       PART TIME                       HOURS AVAILABLE  
 If a job requirement, you will work:                      You will travel:  Yes     No  
 Saturday                       Sunday                       Holidays  
 Nights                       Various Shifts                       Other  
 Date available for work/service:

**8. Education and Training** (include seminars, workshop, conferences and On-the-Job training):

*To receive credit for college course work or vocational training, it is necessary that you supply quarter/semester or class hours earned in addition to dates attended. You may be required to submit college transcripts or list of courses successfully completed.*

School/Location/Sponsor	Course of Study	Degree or Certificate		Date Obtained
		<input type="checkbox"/> YES	<input type="checkbox"/> NO	
High School/GED				
Technical/Trade/Vocational School				
Community College				
College/University				
College/University				
Other				

**9. Specific Skills** (in the spaces below, list the equipment with which you have had experience or any special skills you might have):

Computer Software	Years	Months	Other Equipment (please describe)	Years	Months

**10. List the construction vehicles/equipment you can operate** (if applicable to the job for which you are applying). You must also include this information in the Work History section, page 3:

**11. List active licenses, certificates or registrations, the registration number(s) and expiration date(s):**

**12. List any organization(s) to which you belong which you consider relevant to your ability to perform the job:**

**YOU MUST COMPLETE THE WORK HISTORY SECTION OF THIS APPLICATION.** List your most recent employer first. If currently unemployed, leave present employer section of this application blank. **Include any unpaid work experience as well as military service.** If you held more than one position with the same employer, list each position separately. You must account for all periods of time for at least the last ten (10) years. If desired, include a resume or additional pages, which will help, clarify your work experience. If a resume is attached, be sure that month/year for each employment is reflected on the resume and coincides with the Work History section of this application. If additional space is needed put the information in Item 29, page 6.

**13. Present Employer:** \_\_\_\_\_ From: \_\_\_\_\_ To: \_\_\_\_\_  
 Business Name \_\_\_\_\_  Full time  Part time  
 Business Address: \_\_\_\_\_ Number of hours worked per week ;  
 City, State & Zip Code \_\_\_\_\_ Last salary: /  
 Phone No: \_\_\_\_\_ Number You Supervised: \_\_\_\_\_  
 Your Job Title: \_\_\_\_\_  
 Supervisor's Name: \_\_\_\_\_ Reason for Leaving: \_\_\_\_\_  
 Duties in Detail: \_\_\_\_\_  
 \_\_\_\_\_  
 May we contact employer?  Yes  No, explain in Item 29, page 6.

**14. Past Employer:** \_\_\_\_\_ From: \_\_\_\_\_ To: \_\_\_\_\_  
 Business Name \_\_\_\_\_  Full time  Part time  
 Business Address: \_\_\_\_\_ Number of hours worked per week ;  
 City, State & Zip Code \_\_\_\_\_ Last salary: /  
 Phone No. \_\_\_\_\_ Number You Supervised: \_\_\_\_\_  
 Your Job Title: \_\_\_\_\_  
 Supervisor's Name: \_\_\_\_\_ Reason for Leaving: \_\_\_\_\_  
 Duties in Detail: \_\_\_\_\_  
 \_\_\_\_\_  
 May we contact employer?  Yes  No, explain in Item 29, page 6.

**15. Past Employer:** \_\_\_\_\_ From: \_\_\_\_\_ To: \_\_\_\_\_  
 Business Name \_\_\_\_\_  Full time  Part time  
 Business Address: \_\_\_\_\_ Number of hours worked per week ;  
 City, State & Zip Code \_\_\_\_\_ Last salary: /  
 Phone No. \_\_\_\_\_ Number You Supervised: \_\_\_\_\_  
 Your Job Title: \_\_\_\_\_  
 Supervisor's Name: \_\_\_\_\_ Reason for Leaving: \_\_\_\_\_  
 Duties in Detail: \_\_\_\_\_  
 \_\_\_\_\_  
 May we contact employer?  Yes  No, explain in Item 29, page 6.

<b>16. Past Employer:</b> _____ Business Name	From: _____	To: _____
Business Address: _____ City, State & Zip Code	<input type="checkbox"/> Full time	<input type="checkbox"/> Part time
Phone No: _____	Number of hours worked per week ;	
Your Job Title: _____	Last salary: /	
Supervisor's Name: _____	Reason for Leaving: _____	
Duties in Detail: _____		
May we contact employer? <input type="checkbox"/> Yes <input type="checkbox"/> No, explain in Item 29, page 6.		
<b>17. Past Employer:</b> _____ Business Name	From: _____	To: _____
Business Address: _____ City, State & Zip Code	<input type="checkbox"/> Full time	<input type="checkbox"/> Part time
Phone No: _____	Number of hours worked per week ;	
Your Job Title: _____	Last salary: /	
Supervisor's Name: _____	Reason for Leaving: _____	
Duties in Detail: _____		
May we contact employer? <input type="checkbox"/> Yes <input type="checkbox"/> No, explain in Item 29, page 6.		
<b>18. Past Employer:</b> _____ Business Name	From: _____	To: _____
Business Address: _____ City, State & Zip Code	<input type="checkbox"/> Full time	<input type="checkbox"/> Part time
Phone No: _____	Number of hours worked per week ;	
Your Job Title: _____	Last salary: /	
Supervisor's Name: _____	Reason for Leaving: _____	
Duties in Detail: _____		
May we contact employer? <input type="checkbox"/> Yes <input type="checkbox"/> No, explain in Item 29, page 6.		

Name \_\_\_\_\_

**MISCELLANEOUS**

Answer the following questions by circling "Yes" or "No." It is imperative that you provide detailed information when requested, e.g., dates, types, etc., in Item 29, page 6.

19.	Are you able to perform the essential functions of the position with or without reasonable accommodations? If no, explain in Item 29, page 6.	<input type="checkbox"/> Yes	<input type="checkbox"/> No
20.	Have you received any citations for moving violations during the last five (5) years? If yes, explain in Item 29, page 6.	<input type="checkbox"/> Yes	<input type="checkbox"/> No
21.	Have you ever been convicted, plead guilty or no contest (Nolo Contender) to any criminal violation of law, including criminal traffic offences? (A conviction does not automatically mean you cannot be hired. Provide all the facts.) If yes, explain in Item 29, page 6.	<input type="checkbox"/> Yes	<input type="checkbox"/> No
22.	Have you ever been discharged for any reason from any job? If yes, explain in Item 29, page 6.	<input type="checkbox"/> Yes	<input type="checkbox"/> No
23.	Have you ever been employed by Sharpsville Container Corp.? If yes, indicate in Item 29, page 6 date(s) of employment. Department(s)/Division(s), position(s) and reason for leaving.	<input type="checkbox"/> Yes	<input type="checkbox"/> No
24.	Are any members of your family or relatives (by blood or marriage) employed by Sharpsville Container Corp.? If yes, indicate in Item 29, page 6 their name(s), Department(s)/Division(s), and relationship.	<input type="checkbox"/> Yes	<input type="checkbox"/> No

**28. Please indicate where you first learned of this opening:**

- Sharpsville Container web site: [www.sharpsvillecontainer.com](http://www.sharpsvillecontainer.com)
- Other newspaper or magazine, please provide the name of the publication
- Other
- Friend

