



ONE SKYTOP
SKYTOP, PA. 18357-1099
570-595-8940

**NOTICE TO ALL APPLICANTS:
Pre-employment
Substance Abuse
Testing is Required**

**We Promote a
Smoke-Free Workplace**

DATE: _____

APPLICATION FOR EMPLOYMENT

EQUAL OPPORTUNITY EMPLOYER: Skytop Lodge Corporation provides employment opportunities to all employees and applicants for employment without regard to race, color, religion, gender, sexual orientation, national origin, age, disability, marital status, amnesty, or status of covered veterans in accordance with the applicable federal, state, and local laws.

HOW DID YOU HEAR ABOUT SKYTOP LODGE? _____

POSITION(S) DESIRED: _____

PERSONAL DATA:

NAME: _____
(last) (first) (middle)

TELEPHONE NO. () SOCIAL SECURITY NO. _____

CURRENT MAILING ADDRESS: _____
(street or P.O. Box) (city) (state) (zip code)

COMPLETE ONLY IF AT CURRENT ADDRESS LESS THAN 7 YEARS:

PREVIOUS ADDRESS: _____
(street) (city) (state) (zip code)

ARE YOU LEGALLY AUTHORIZED TO WORK IN THE U.S.? _____
(Proof of your identity and eligibility to work will be required upon employment.)

IF YOU ARE HIRED, AND UNDER EIGHTEEN, CAN YOU FURNISH A WORK PERMIT? _____

CAN YOU PERFORM THE DUTIES OF THE JOB YOU ARE APPLYING FOR? _____

ARE THERE SPECIFIC TIMES, OR DAYS THAT YOU CANNOT WORK? _____ IF SO, PLEASE SPECIFY _____

HAVE YOU EVER BEEN CONVICTED OF A FELONY OR MISDEMEANOR? _____

IF THE ANSWER IS YES, PLEASE GIVE DATES AND DETAILS: _____

(Note: Answering yes will not necessarily disqualify an applicant.)

HAVE YOU EVER WORKED FOR THIS COMPANY BEFORE? _____ IF YES, GIVE DATES
AND POSITION _____

DATE AVAILABLE FOR EMPLOYMENT AT SKYTOP _____ DATE YOU EXPECT TO
END YOUR EMPLOYMENT AT SKYTOP _____

ARE YOU AVAILABLE TO WORK: FULL-TIME _____ PART-TIME _____ SHIFT WORK _____

MILITARY SERVICE RECORD:

BRANCH OF SERVICE: _____ DATES: FROM _____ TO _____

NATURE OF ASSIGNMENT: _____

RECORD OF EDUCATION:

	NAME OF SCHOOL	COMPLETE ADDRESS	# OF YEARS ATTENDED:	GRADUATE? Yes or No
HIGH SCHOOL				
COLLEGE				
BUSINESS SCHOOL				
TRADE SCHOOL				

LIST ANY OTHER EDUCATION, TRAINING, CERTIFICATES, LICENSES, OR SPECIAL SKILLS THAT YOU POSSESS:

ANSWER THE FOLLOWING QUESTIONS ONLY IF CHECKED:

DO YOU HAVE A VALID DRIVER'S LICENSE? _____

LICENSE NUMBER _____ STATE _____ EXPIRATION DATE _____

HAVE YOU BEEN CITED FOR A TRAFFIC VIOLATION OF ANY KIND WITHIN THE LAST FIVE YEARS? _____

IF SO, GIVE DATES AND DETAILS: _____

PERSONAL REFERENCES:

NAME	ADDRESS	TELEPHONE NUMBER	OCCUPATION	# YRS. KNOWN

RECORD OF EMPLOYMENT: Please list the names of your previous employers in chronological order, with your present or last employer first. If self-employed, give name of your company, and supply business references.

NAME OF EMPLOYER, ADDRESS, PHONE NO., SUPERVISOR'S NAME	DATES EMPLOYED	JOB TITLE(S)	FULL OR PART TIME	REASON FOR LEAVING	WAGE OR SALARY
#1 _____ _____ _____ _____	Started: Left:				
#2 _____ _____ _____ _____	Started: Left:				
#3 _____ _____ _____ _____	Started: Left:				
#4 _____ _____ _____ _____	Started: Left:				
#5 _____ _____ _____ _____	Started: Left:				

IF YOU ARE WORKING, MAY WE CONTACT YOUR CURRENT EMPLOYER NOW? _____

IF NO, PLEASE EXPLAIN _____

HAVE YOU EVER BEEN FIRED OR ASKED TO RESIGN FROM ANY JOB? _____ IF YES,

PLEASE EXPLAIN _____

PLEASE EXPLAIN FULLY ANY GAPS IN YOUR EMPLOYMENT HISTORY:

READ THE FOLLOWING STATEMENTS CAREFULLY BEFORE SIGNING.
IF YOU HAVE ANY QUESTIONS, PLEASE ASK FOR ASSISTANCE.

A P P L I C A N T ' S S T A T E M E N T

I understand that this application will be given every consideration, but that it is not an offer of employment.

I understand that if I am hired, I will be employed at will, and my employment may be terminated at any time, without notice, and with no liability to me for any continuation of wages, salary, or employment benefits. I understand that I also have the right to terminate my employment at any time and without notice. I further understand that in the event I am employed, the terms and conditions of my employment may be improved or otherwise changed from time to time by Skytop Lodge Corp. without prior notice; and that no contract of employment can be established at any time between Skytop Lodge Corp. and any employee other than by an express written agreement signed by an officer of Skytop Lodge Corp.

I authorize Skytop Lodge Corp. to investigate my background. This can include verification of all of the information on this application, as well as investigation of my driving record, my criminal record, and my credit record. I hereby release from liability Skytop Lodge Corp. as well as all persons, agencies, and corporations supplying information concerning my background.

I understand that Skytop Lodge Corp. reserves the right to require me to submit to a medical examination after an initial employment offer has been made. I understand that I may be required to submit to a drug/alcohol test prior to my employment, and at any time during my employment, to the extent permitted by law. I know that I may also be required to take other job-related tests, such as personality, skills, or honesty tests, prior to and during my employment.

I certify that to the best of my knowledge, all information provided herein is complete and true. I understand that any misrepresentation or material omission of information shall be sufficient cause for: 1) rejecting my application, 2) withdrawal of any offer of employment, or 3) termination of my employment with Skytop Lodge Corp.

DATE

SIGNATURE OF APPLICANT