

NAPA DEVELOPMENT CORP., INC.
 P.O. BOX 639
 WIND GAP, PA 18091

PHONE: (610) 863-1450

FAX: (610) 863-6165

APPLICATION FOR EMPLOYMENT

We are an equal opportunity employer, dedicated to a policy of non-discrimination in employment on any basis including race, color, age, sex, religion, disability or national origin. Consistent with the Americans with Disabilities Act, applicants may request accommodations needed to participate in the application process.

PERSONAL INFORMATION

Date _____ Social Security Number _____

Name _____
 Last First Middle

Present Address _____
 Street City State Zip

Permanent Address _____
 Street City State Zip

Telephone Number _____ Email Address _____

Referred By _____ Are you 18 years of age or older Yes No

EMPLOYMENT DESIRED

Position _____ Date you can start _____ Salary Desired _____

Are you employed now? Yes No If so, may we inquire of your present employer? Yes No

Ever applied to this Company Before? Yes No Where? _____ When? _____

EDUCATION	Name and Location of School	Check Last Year Completed	Did You Graduate?	Subjects Studied and Degree(s) Received
Grammar School			<input type="checkbox"/> Yes <input type="checkbox"/> No	
High School		<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4	<input type="checkbox"/> Yes <input type="checkbox"/> No	
College		<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Trade, Business or Correspondence School		<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4	<input type="checkbox"/> Yes <input type="checkbox"/> No	

GENERAL

Job Related Skills (typing, driver's license, etc.) _____

FORMER EMPLOYERS List below your last four employers, starting with the last one first.

Date Month and Year	Name and Address of Employer	Salary (upon leaving)	Position	Reason for Leaving
From				
To				
From				
To				
From				
To				
From				
To				

REFERENCES List below three persons not related to you, whom you have known at least one year.

	Name	Address	Position	Years Acquainted
1				
2				
3				

"UNDER MARYLAND LAW AN EMPLOYER MAY NOT REQUIRE OR DEMAND ANY APPLICANT FOR EMPLOYMENT OR PROSPECTIVE EMPLOYMENT OR ANY EMPLOYEE TO SUBMIT TO OR TAKE A POLYGRAPH, LIE DETECTOR, OR SIMILAR TEST OR EXAMINATION AS A CONDITION OF EMPLOYMENT OR CONTINUED EMPLOYMENT, ANY EMPLOYER WHO VIOLATES THIS PROVISION IS GUILTY OF A MISDEMEANOR AND SUBJECT TO A FINE NOT TO EXCEED \$100."

"It is unlawful in Massachusetts to require or administer a lie detector test as a condition of employment or continued employment. An employer who violates this law shall be subject to criminal penalties and civil liability."

If you are to be hired by the company, you will be required to attest to your identity and employment eligibility, and to present documents confirming your identity and employment eligibility. You cannot be hired if you cannot comply with these requirements.

AUTHORIZATION

I certify that the facts contained in this application (and accompanying resume, if any) are true and complete to the best of my knowledge. I understand that any false statement, omission, or misrepresentation on this application is sufficient cause for refusal to hire, or dismissal if I have been employed, no matter when discovered by the Company.

I understand that any employment is conditioned on obtaining employment reports, which I understand may include information regarding my credit worthiness, credit standing, credit capacity, character, general reputation and personal characteristics. This report may be compiled with information from credit bureaus, criminal history, court record repositories, departments of motor vehicles, past or present employers, educational institutions, governmental occupational licensing or registration entities, business or personal references, any other source required to verify information that I have voluntarily supplied. I understand that I may request a complete and accurate disclosure of the nature and scope of the background verification. I authorize the Company to thoroughly investigate all statements contained in my application or resume, and I authorize my former employers and references to disclose information regarding my former employment, character and general reputation to the Company, without giving me prior notice of such disclosure. In addition, I release the Company, any former employers and all references listed above from any and all claims, demands or liabilities arising out of or related to such investigation or disclosure.

I understand and agree that nothing contained in this application, or conveyed during any interview, is intended to create an employment contract. I further understand and agree that if I am hired, my employment will be "at will" and without fixed term, and may be terminated at any time, with or without cause and without prior notice, at the option of either myself or the Company. No promises regarding employment have been made to me, and I understand that no such promise or guarantee is binding upon the Company unless made in writing.

If I am offered employment I agree to submit to a medical examination and drug test before starting work. If employed, I also agree to submit to a medical examination or drug test at any time deemed appropriate by the Company and as permitted by law. I consent to such examinations and tests, and I request that the examining doctor disclose to the Company the results of the examination, which results shall remain confidential and segregated from my personnel file. I understand that my employment or continued employment, to the extent permitted by law, is contingent upon satisfactory medical examinations and drug test, and if I am hired a condition of my employment will be that I abide by the Company's Drug and Alcohol Policy.

I understand that filling out this form does not indicate there is a position open and does not obligate the Company to hire. If hired, I agree to abide by all Company work rules, policies and procedures. The Company retains the right to revise its policies or procedures, in whole or in part, at any time.

Date _____ Signature _____

**Fair Credit Reporting Act
Disclosure and Release**

In connection with my application for employment (including contract for services) with you, I understand that consumer reports, which may contain public record information, may be requested from any previous employer, or any agency that obtains information from public records. These reports may include the following types of information: names and dates of previous employers, reason for termination of employment, work experience, accidents, etc. I further understand that such reports may contain public record information concerning my driving record, workers' compensation claims, credit, bankruptcy proceedings, criminal records, etc. from federal, state, and other agencies which maintain such records; as well as information from any previous employer, or any agency who obtains information from public records concerning previous driving record requests made by others from such state agencies, and state provided driving records.

I AUTHORIZE WITHOUT RESERVATION, ANY PARTY OR AGENCY CONTACTED BY NAPA DEVELOPMENT CORP., INC., OR THEIR AUTHORIZED REPRESENTATIVE, TO FURNISH THE ABOVE-MENTIONED INFORMATION.

I have the right to make a request to NAPA Development Corp., Inc., or their authorized representative, upon proper identification, to request the nature and substance of all information in its files on me at the time of my request to NAPA Development Corp., Inc., or their authorized representative, including the sources of information; and the recipients of any reports on me which Napa Development Corp. or their authorized representative, has previously furnished within the two-year period preceding my request. I hereby consent to your obtaining the above information from any previous employer or any agency that obtains information from public records.

I hereby authorize procurement of consumer report(s). If hired (or contracted), this authorization shall remain on file and shall serve as ongoing authorization for you to procure consumer reports at any time during my employment (or contract) period.

Operator's License No.:	_____	Issuing State	_____
Print Name	_____	Social Security #:	_____
Signature	_____	Date	_____



1414 Millard Street
Bethlehem, Pa 18018
610-867-5044 • Fax 610-867-8603

MVR Account No. _____

Pennsylvania Driver Authorization

I, _____, do hereby authorize the Division of
Motor Vehicles to release my driving record to

End User

Company Name _____ NAPA Development Corp., Inc. _____
Address 1: _____ P.O. Box 639 _____
Address 2: _____
City: _____ Wind Gap _____ **State:** _____ PA _____ **Zip Code:** _____ 18091 _____
Phone Number _____ 610-863-1450 _____

This release shall remain in full force and effect until I myself file formal withdrawal.

Driver's Full Name: _____
Driver's Address: _____
Driver's City, State Zip: _____
Date of Birth: (xx/xx/xxxx) _____
Driver's License Number: _____

Signature

Date