

# JOB APPLICATION

## PROAC CORPORATION

PO Box 326, Mount Aetna, Pennsylvania 19544  
717-933-9475

PROAC CORPORATION is an equal opportunity employer. This application will not be used for limiting or excluding any applicant from consideration for employment on a basis prohibited by local, state, or federal law. Should an applicant need reasonable accommodation in the application process, he or she should contact a company representative.

*Please fill out all of the sections below:*

### **Applicant Information**

*Applicant Name:* \_\_\_\_\_

*Address:* \_\_\_\_\_

*City, State and Zip Code:* \_\_\_\_\_

*Telephone Number:* \_\_\_\_\_

*Email Address:* \_\_\_\_\_

*Date of Application:* \_\_\_\_\_

### **Employment Position**

*Position(s) applying for:*

How did you hear about this position? \_\_\_\_\_

What days are you available for work? \_\_\_\_\_

If needed, are you available to work overtime? \_\_\_\_\_

On what date can you start working if you are hired? \_\_\_\_\_

Do you have reliable transportation to and from work? \_\_\_\_\_

Salary desired: \_\_\_\_\_

### **Personal Information**

Have you ever applied to or worked for PROAC CORPORATION before? Yes No

If yes, when?

Do you have any friends, relatives, or acquaintances working for PROAC CORPORATION Yes No

If yes, state name & relationship:

Are you a U.S. citizen or approved to work in the United States? YES NO

---



---

Will you consent to a mandatory controlled substance test? Yes    No

Have you ever been convicted of a criminal offense (felony or misdemeanor)? Yes    No

If yes, please state the nature of the crime(s), when and where convicted and disposition of the case:

---



---

**Job Skills/Qualifications**

Please list below the skills and qualifications you possess for the position for which you are applying:

---



---



---



---

*(Note: PROAC CORPORATION complies with the ADA and considers reasonable accommodation measures that may be necessary for eligible applicants/employees to perform essential functions. It is possible that a hire may be tested on skill/agility and may be subject to a medical examination conducted by a medical professional. )*

**Education and Training**

**High School**

Name	Location (City, State)	Year Graduated	Degree Earned

**College/University**

Name	Location (City, State)	Year Graduated	Degree Earned

**Vocational School/Specialized Training**

Name	Location (City, State)	Year Graduated	Degree Earned

**Military:**

Are you a member of the Armed Services? \_\_\_\_\_

What branch of the military did you enlist? \_\_\_\_\_

What was your military rank when discharged? \_\_\_\_\_

How many years did you serve in the military? \_\_\_\_\_

What military skills do you possess that would be an asset for this position?

---

**Employer Name:**

Job Title: \_\_\_\_\_  
 Supervisor Name: \_\_\_\_\_  
 Employer Address: \_\_\_\_\_  
 City, State and Zip Code: \_\_\_\_\_  
 Employer Telephone: \_\_\_\_\_  
 Dates Employed: \_\_\_\_\_  
 Reason for leaving: \_\_\_\_\_

**Employer Name:**

Job Title: \_\_\_\_\_  
 Supervisor Name: \_\_\_\_\_  
 Employer Address: \_\_\_\_\_  
 City, State and Zip Code: \_\_\_\_\_  
 Employer Telephone: \_\_\_\_\_  
 Dates Employed: \_\_\_\_\_  
 Reason for leaving: \_\_\_\_\_

**Employer Name:**

Job Title: \_\_\_\_\_  
 Supervisor Name: \_\_\_\_\_  
 Employer Address: \_\_\_\_\_  
 City, State and Zip Code: \_\_\_\_\_  
 Employer Telephone: \_\_\_\_\_  
 Dates Employed: \_\_\_\_\_  
 Reason for leaving: \_\_\_\_\_

**References**

Please provide 2 personal and professional reference(s) below:

Reference	Contact Information

**AT-WILL EMPLOYMENT**

The relationship between you and PROAC CORPORATION is referred to as "employment at will. This means that your employment can be terminated at any time for any reason, with or without cause with or without notice, by you or the PROAC CORPORATION. No representative of PROAC CORPORATION has authority to enter into any agreement contrary to the foregoing "employment a will" relationship. You understand that your employment is "at will," and that you acknowledge that no oral or written statements or representations regarding your employment can alter your at will employment status, except for a written statement signed by you and either our Executive Vice President/Chief Operations Officer or the Company's President.

Applicant Signature: \_\_\_\_\_ Dated: \_\_\_\_\_