



# Employment Application

APPLICATION MUST BE COMPLETED IN ITS ENTIRETY, SIGNED  
AND DATED TO BE CONSIDERED FOR EMPLOYMENT

26 Timber Lane, Reedsville, PA 17084

Phone (717) 667-2924 | Fax (717) 667-9769 | Email: [careers@mfp.bz](mailto:careers@mfp.bz) | Web: [www.mfp.bz](http://www.mfp.bz)

## Personal Information

**Name:** \_\_\_\_\_ **Date:** \_\_\_\_\_  
(First) (Middle) (Last)

**Address:** \_\_\_\_\_  
(Street) (City) (State & Zip Code)

**Email:** \_\_\_\_\_ **Phone Number:** \_\_\_\_\_

**Driver's License #:** \_\_\_\_\_ **Expiration Date:** \_\_\_\_\_

**Do you have a Class A CDL?**  Yes  No **Medical Cert Exp. Date:** \_\_\_\_\_

**Referred by:** \_\_\_\_\_

## Employment Desired

**Position Desired:** \_\_\_\_\_

**Desired pay range:** \_\_\_\_\_

**Date available for work:** \_\_\_\_\_

**Are you employed now?**  Yes  No

If yes, may we contact your present employer?  Yes  No

**Have you ever applied to Metzler before?**  Yes  No If yes, when? \_\_\_\_\_

**If under the age of 18, can you provide required proof of your eligibility to work?**  Yes  No

**Can you travel if the job requires it?**  Yes  No

**Have you ever been convicted of a felony?**  Yes  No

**Have you ever been convicted of a misdemeanor?**  Yes  No

If yes to either questions above, explain \_\_\_\_\_

## Education

Give record of all High Schools, Colleges, Universities and Vocational/Technical Schools you have attended.

School Name	Location	Did you graduate?	Degree Received	Subject Studied/Major
		<input type="checkbox"/> Yes <input type="checkbox"/> No		
		<input type="checkbox"/> Yes <input type="checkbox"/> No		
		<input type="checkbox"/> Yes <input type="checkbox"/> No		

List previous experience with machines, equipment operated, personal computer skills, etc.

Activities (civic, athletic, etc.)

**Former Employers** *List below previous three employers starting with most recent employment first*

Date, Month, and Year	Name Address of Employer	Salary/Rate	Position Held	Reasons for Leaving
From				
To				
From				
To				
From				
To				

**Physical Record:** *This is a voluntary question and any answers will be kept confidential.*

Do you have any physical condition which may limit your ability to perform the job applied for?

Emergency Contact	Name:	Relationship:	Phone
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**References:** *List below the names of three persons not related to you, preferably work-related references.*

Name	Business	Phone Number	Years Acquainted
1.			
2.			
3.			

**Applicant's Statement**

I authorize you to make sure investigations and inquires to my personal, employment, educational, financial or medical history and other related matters as may be necessary in arriving at an employment decision. (Generally, inquiries regarding medical history will be made only if and after a conditional offer of employment has been extended.) I hereby release employers, schools, health care providers and other persons from all liability in responding to inquiries and releasing information in connection with my application.

In the event of employment, I understand that omitted, false or misleading information given in my application or interview(s) may result in discharge. I understand, also, that I am required to abide by all rules and regulations of the Company.

I consent to completing all post offer physical and drug screen requirements of the company.

I certify that this application was completed by me, and that all entries on it and information in it are complete to the best of my knowledge.

\_\_\_\_\_  
**Signature of Applicant**

\_\_\_\_\_  
**Date**

\*Application must be signed and dated by applicant\*

*Metzler is an equal opportunity employer. Metzler provides equal employment opportunities to all job applicants for employment and prohibits discrimination and harassment of any type without regard to race, color, religion, age, sex, national origin, disability status, genetics, protected veteran status, sexual orientation, gender identity or expression, or any other characteristic protected by federal, state or local laws.*