



An Equal Opportunity Employer  
 1503 W. Stein Hwy.  
 Seaford, DE 19973

# APPLICATION FOR EMPLOYMENT

This application is valid for 30 days only.

Last Name		First Name		Middle
Street Address			Area Code Telephone #	
City	State	Zip	( ) - -	
Social Security Number		<b>DRUG TESTING</b> An offer of employment is conditional upon you successfully passing a drug test. Penco will pay the cost of the test.		
Expected Salary \$				

## PERSONAL REFERENCES - OTHER THAN RELATIVES OR EMPLOYERS

Name	Address	Occupation	Telephone Number
1.			
2.			
3.			
4.			

## EDUCATION AND EXPERIENCE

School	Name of School	Circle Last Year Completed	Subject	Graduated	Degree
High or Prep		1 2 3 4		Yes: <input type="checkbox"/> No: <input type="checkbox"/>	
College		1 2 3 4		Yes: <input type="checkbox"/> No: <input type="checkbox"/>	
Business		1 2 3 4		Yes: <input type="checkbox"/> No: <input type="checkbox"/>	
Other		1 2 3 4		Yes: <input type="checkbox"/> No: <input type="checkbox"/>	

Military Service - Branch	Date Range		Special Duties or Training	Present Reserve Status
	From	To		

Special Qualifications: Sales Experience:  Receptionist:  Warehouse:  CDL Driver:  Clerical:

Specific position you are applying for:

What method of transportation will you use to get to work:

Class of current driver license: State License Number:

Would you work: Full Time:  Part Time:  Days and Hours:

(OVER)

**PRIOR WORK HISTORY (LIST IN ORDER, LAST OR PRESENT EMPLOYER FIRST)**

DATE: MONTH AND YEAR	Employer's Name and Address:	Reason for leaving or desiring change:	JOB DESCRIPTION Describe duties of your position
From:			Job Title:
To:			Duties:
Salary:			Supervisor: Phone:

DATE: MONTH AND YEAR	Employer's Name and Address:	Reason for leaving or desiring change:	JOB DESCRIPTION Describe duties of your position
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From:			Job Title:
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Salary:			Supervisor: Phone:

DATE: MONTH AND YEAR	Employer's Name and Address:	Reason for leaving or desiring change:	JOB DESCRIPTION Describe duties of your position
From:			Job Title:
To:			Duties:
Salary:			Supervisor: Phone:

I hereby consent to Penco Corporation verifying all the above information. If employed, I agree to abide by all current and subsequent rules and policies of Penco Corporation. I understand that I may be subject to qualifying for bonding and that any false answers or statements, or misrepresentation by omission, made by me on this application form will be sufficient for rejection of my application or for my immediate discharge if I am later employed.

I further agree and release from all liability or responsibility all persons, schools, companies, physicians, hospitals or agencies for supplying information relating to the matters referred to on my application form.

This application does not constitute an express or implied contract. If an employment relationship is established, I understand that the relationship is an at-will relationship, such that I have the right to terminate employment at any time, that the Company retains a similar right, and that this cannot be altered except by express written agreement signed by me and the Company's president.

Date: \_\_\_\_\_ Applicant's Signature: \_\_\_\_\_

Applicant Remarks: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_