



1503 W. Stein Hwy.
Seaford, DE 19973

APPLICATION FOR EMPLOYMENT

This application is valid for 30 days

Last Name		First Name		Middle
Street Address			Area Code Telephone #	
City	State	Zip	() _____ - _____	
Email				

Employment Desired

Position Desired	Date Available to begin work
Salary desired	[] Full Time [] Part Time
Are you available to work: Days [] Nights [] Weekends []	
Are you legally eligible to be employed in the United States? Yes [] No []	
Can you perform the essential functions of the position for which you are applying? Yes [] No []	
Have you ever worked for this Company before? Yes [] No [] If Yes, list dates and position held:	
Are you over the age of 18 years? Yes [] No []	

Education and Experience

School	Name and Location	Course of Study	# years completed	Diploma or Degree
High School				
College				
Vocational or Trade School				
Other				

Any Special Courses, seminars and/or training directly related to the position for which you are applying:

Sales Experience [] Clerical [] Forklift [] Warehouse [] CDL Driver [] Customer Service []

Personal References

Give the names of 4 persons whom you have known at least 3 years, not relatives or employers

(Over)

Employment
Start with your current or most recent position

Employer:	Address:
Date Employed: From: _____ To: _____ Mo/Yr Mo/Yr	Phone Number:
	Job Title:
Supervisor:	Describe work performed:
Reason for leaving:	

Employer:	Address:
Date Employed: From: _____ To: _____ Mo/Yr Mo/Yr	Phone Number:
	Job Title:
Supervisor:	Describe work performed:
Reason for leaving:	

Employer:	Address:
Date Employed: From: _____ To: _____ Mo/Yr Mo/Yr	Phone Number:
	Job Title:
Supervisor:	Describe work performed:
Reason for leaving:	

Employer:	Address:
Date Employed: From: _____ To: _____ Mo/Yr Mo/Yr	Phone Number:
	Job Title:
Supervisor:	Describe work performed:
Reason for leaving:	

Account for any month since leaving school that you were not working		
From: _____ (Mo/Yr)	To: _____ (Mo/Yr)	Reason:
From: _____ (Mo/Yr)	To: _____ (Mo/Yr)	Reason:
From: _____ (Mo/Yr)	To: _____ (Mo/Yr)	Reason:

We are an equal opportunity employer and all qualified applicants will receive consideration for employment without regard to race, color, religion, gender or sex (including pregnancy), age, national origin or ancestry, genetic information, disability status, military or veteran's status, or any other characteristic protected by law.

An offer of employment is conditional upon you successfully passing a drug test.

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 or any related document, interviews, or other aspect of my application 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. No promises regarding employment have been made to me, and I understand that no such promise or guarantee is binding upon Penco Corporation unless made in writing. 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.

Applicant Signature: _____ Date: _____

Additional Comments:
