

APPLICATION FOR EMPLOYMENT

Former Employers: List of the last four employers starting with the most recent

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|--------------------|--------------------|
| COMPANY NAME | TELEPHONE |
| ADDRESS | DATES EMPLOYED |
| NAME OF SUPERVISOR | SALARY |
| POSITION | REASON FOR LEAVING |

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|--------------------|--------------------|
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| DEPARTMENT OF PUBLIC WELFARE REGULATIONS REQUIRE THAT ALL WHO TRANSPORT CHILDREN MUST BE AT LEAST 21 YEARS OF AGE. | ARE YOU AT LEAST 21? Yes <input type="checkbox"/> No <input type="checkbox"/> |
| DO YOU HAVE A VALID PA DRIVER'S LICENSE? | Yes <input type="checkbox"/> No <input type="checkbox"/> |

I authorize investigation of all statements contained in this application, I understand that misrepresentation or omission of facts called for is cause for dismissal. Further, I understand and agree that my employment is for no definite period and may, at the discretion of the employer, be terminated at any time without any previous notice.

SIGNED: _____ **DATE:** _____