



Housing Products I, LLC
2689 Route 522
Selinsgrove, Pa. 17870
Phone (570) 374-2155
Fax (570) 374-2521

FOR OFFICE USE ONLY
Hired:
Terminated:
Notes:

Qualified applicants are considered for all positions without regard to race, religion, sex, national origin, age, marital or veteran status, or the presence of a medical condition or handicap.

Date of Application: _____

Full Name: _____

Address: _____
(Street) (City) (State & Zip)

Phone: (____) _____ Social Security #: _____ - _____ - _____

Are you at least 18 years of age? **Y N** Marital Status: Single Married, # of Dependents: _____

Position applied for: _____

Referral Source: Advertisement Friend Relative Employment Agency Other _____

Have you ever filed an application here before? _____

Are you a citizen of the United States? _____

If not, do you possess an Alien Registration Number? _____ (# _____)

Have you ever been convicted of a crime? _____

If yes, please explain: _____

Are you a Veteran of the U.S. Military Service? _____

If yes, what branch? _____

Do you have any friends or relatives working here? _____

If yes, please list them: _____

Are you available to work: Full Time Part Time (First Shift **or** Second Shift)

Applicants being given serious consideration will be required to see the company doctor for a physical. Notification will be given for the applicant to make an appointment at his/her convenience ***within a one week period.***

EDUCATION:

School	Name & Location of School	Course of Study	Years Completed	Did you graduate?
Elementary				
High School				
College				
Other				

PERSONAL REFERENCES:

NAME	ADDRESS	PHONE #
1)		
2)		
3)		

EMPLOYMENT EXPERIENCE: (List most recent first)

- 1) Employer: _____
Address: _____
Phone #: _____ Job Title: _____ Salary: _____
Dates Employed _____ to _____ Reason for Leaving: _____
- 2) Employer: _____
Address: _____
Phone #: _____ Job Title: _____ Salary: _____
Dates Employed _____ to _____ Reason for Leaving: _____
- 3) Employer: _____
Address: _____
Phone #: _____ Job Title: _____ Salary: _____
Dates Employed _____ to _____ Reason for Leaving: _____

All employment and compensation with Bridgewater Wholesalers, Incorporated is "at will" in that they can be terminated with or without cause, and with or without notice, at any time, at the option of either Bridgewater Wholesalers, Incorporated or yourself, except as otherwise provided by law.