



1510 Packer Ave.
Philadelphia, PA 19145

Application For Employment

WE CONSIDER APPLICANTS FOR EMPLOYMENT WITHOUT REGARD TO RACE, COLOR, RELIGION, SEX, NATIONAL ORIGIN, AGE, OR ANY NON-JOB RELATED DISABILITY. EQUAL ACCESS TO PROGRAMS, SERVICE AND EMPLOYMENT IS AVAILABLE TO ALL PERSONS. THOSE APPLICANTS REQUIRING REASONABLE ACCOMODATION TO THE APPLICATION AND/OR INTERVIEW PROCESS SHOULD NOTIFY THE INDIVIDUAL RESPONSIBLE FOR HUMAN RESOURCES.

THIS APPLICATION WILL BE GIVEN EVERY CONSIDERATION, BUT ITS RECEIPT DOES NOT IMPLY THAT THE APPLICANT WILL BE EMPLOYED. APPLICATIONS WILL BE CONSIDERED FOR VACANCIES, WHICH ARISE DURING THE 60-DAY PERIOD FOLLOWING SUBMISSION. APPLICANTS SHOULD COMPLETE AN UPDATED APPLICATION IF NOT CONTACTED AND/OR HIRED DURING THIS 60-DAY EVALUATION PERIOD.

PLEASE COMPLETE THIS FORM CAREFULLY IN YOUR OWN HANDWRITING. REPLIES TO ALL QUESTIONS WILL BE HELD IN STRICTEST CONFIDENCE. IF YOUR ANSWERS OR STATEMENTS REQUIRE ADDITIONAL SPACE, OBTAIN SUPPLEMENTAL SHEETS.

IN ORDER TO BE CONSIDERED FOR EMPLOYMENT THIS APPLICATION MUST BE COMPLETED IN FULL. PLEASE INDICATE THE SPECIFIC JOB TITLE FOR WHICH YOU ARE INTERESTED IN BEING CONSIDERED. INDIVIDUALS WHO EXPRESS AN INTEREST IN "ANY" POSITION OR A GENERIC TITLE WILL NOT BE CONSIDERED FOR EMPLOYMENT.

THE BANK IS COMMITTED TO MAINTAINING A WORKPLACE FREE OF PROBLEMS ASSOCIATED WITH DRUG OR ALCOHOL ABUSE. AS SUCH, ALL APPLICANTS MAY BE REQUIRED TO UNDERGO TESTING AS PART OF THE PRE-EMPLOYMENT PROCESS. A POSITIVE DRUG TEST WILL RESULT IN DISQUALIFICATION FROM EMPLOYMENT OR WITHDRAWAL OF ANY EMPLOYMENT OFFER.

POSITION SOUGHT: _____ **SIGNATURE:** _____ **DATE:** _____

PLEASE ANSWER EVERY QUESTION, PRINT AND USE INK.

NAME (FIRST, MIDDLE, LAST) SOCIAL SECURITY NUMBER TELEPHONE NUMBER

ADDRESS (STREET, CITY, ZIP) LENGTH OF TIME AT PRESENT ADDRESS

LIST PREVIOUS ADDRESSES WITHIN THE UNITED STATES EXCEPT MILITARY, IF ADDRESS CHANGED DURING THE PAST 5 YEARS

ADDRESS (STREET, CITY, ZIP) DATES: FROM TO

ADDRESS (STREET, CITY, ZIP) DATES: FROM TO

TYPE OF WORK DESIRED HOW WERE YOU REFERRED TO US?

DATE AVAILABLE FOR WORK ARE YOU OVER 18 YEARS OF AGE? YES NO

HEALTH RECORD

IS THERE ANY TYPE OF WORK WHICH YOUR PHYSICAL CONDITION PROHIBITS, OR HAVE YOU EVER BEEN ADVISED BY A PHYSICIAN NOT TO PERFORM CERTAIN TYPES OF WORK? IF SO, PLEASE EXPLAIN IN THE SPACE BELOW.

EDUCATION

NAME	ADDRESS (CITY&STATE)	MAJOR COURSE OR SUBJECT	LAST YEAR COMPLETED (PLEASE CIRCLE)				MO&YR. GRADUATED	DEGREE
HIGH SCHOOL OR PREPARATORY			1	2	3	4		
			1	2	3	4		
COLLEGE OR TRADE SCHOOL			1	2	3	4		
			1	2	3	4		
			1	2	3	4		
			1	2	3	4		

LIST SCHOLASTIC HONORS, OFFICES HELD, & ACTIVITIES IN HIGH SCHOOL

LIST SCHOLASTIC HONORS, OFFICES HELD, & ACTIVITIES IN COLLEGE

IF YOU DID NOT GRADUATE WHY DID YOU LEAVE SCHOOL OR COLLEGE?

GENERAL INFORMATION

USE THE SPACE BELOW TO DESCRIBE YOUR SKILLS AND APTITUDES THAT YOU FEEL QUALIFY YOU FOR A POSITION AT THE EMPLOYER. YOU MAY WISH TO INCLUDE CIVIC AND COMMUNITY ACTIVITIES, PROFESSIONAL SOCIETIES IN WHICH YOU PARTICIPATE, HOBBIES, SPORTS, SPECIAL TRAINING. IF YOU NEED MORE SPACE PLEASE CONTINUE ON A SEPARATE SHEET

HAVE YOU BEEN EMPLOYED HERE PREVIOUSLY?

YES NO

HAVE YOU EVER APPLIED HERE BEFORE?

YES NO

LIST THREE RECENT BUSINESS REFERENCES

- 1) _____
- 2) _____
- 3) _____

PREVIOUS EMPLOYMENT

STARTING WITH THE MOST PRESENT OR MOST RECENT, LIST ALL PREVIOUS EMPLOYERS. LIST ONLY EMPLOYERS LOCATED WITHIN THE UNITED STATES. INCLUDE SELF EMPLOYMENT, SUMMER AND PART TIME JOBS. IF YOU NEED MORE SPACE, PLEASE CONTINUE ON A SEPARATE SHEET.

COMPANY NAME	SUPERVISOR	ADDRESS (STREET, CITY, STATE)	
DATES EMPLOYED	POSITION AND DUTIES	REASON FOR LEAVING	PHONE NUMBER
COMPANY NAME	SUPERVISOR	ADDRESS (STREET, CITY, STATE)	
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COMPANY NAME	SUPERVISOR	ADDRESS (STREET, CITY, STATE)	
DATES EMPLOYED	POSITION AND DUTIES	REASON FOR LEAVING	PHONE NUMBER