

55 Patton Drive • Milton, Pa 17847 570-246-5220 • www.pattonwarehousing.com

Employment Application

- Step 1. Download the pdf application to your computer.
- Step 2. Complete the electronic application using Abobe Acrobat Reader or print the full application and complete manually.
- Step 3. Email your completed electronic application to jobs@pattonwarehousing.com **OR** drop your application off at one of our locations.

Patton Warehousing, LLC

55 Patton Drive Milton, PA 17847 570-246-5220 jobs@pattonwarehousing.com

It is the policy of Patton Warehousing, LLC to provide equal employment opportunity to all qualified persons without regard to citizenship, race, color, creed, religion, gender, sexual orientation, age, national origin, marital status, disability or veteran status. It is our intention that all qualified applicants be given equal opportunity and that selection decisions be based on job-related factors.

EMPLOYMENT APPLICATION

Name (Last, First, Middle)	Telephone	e Number Cell Number		
Address:	Alternate	Alternate Phone		
City/State/Zip	Social Sec	Social Security Number (Optional)		
Date of Birth (Optional)	Email:	Email:		
Are you legally authorized to v	vork in the United States?	Yes □ No □		
Are you applying for:	What shift(s) will you Work	? May we contact your Present Employer?		
F/T = P/T = Temp =	First ☐ Second ☐ Third ☐	Yes □ No □		
	′ – Begin with most recer			
Dates From To	Company Name	City, State		
Titles and Duties –				
Reason for Leaving	Supervisor's Name	Telephone Number		
		City, State		
Dates From To	Company Name	City, State		
Dates From To Titles and Duties –	Company Name	City, State		
Titles and Duties –	Company Name Supervisor's Name	City, State Telephone Number		
Titles and Duties – Reason for Leaving	Supervisor's Name	Telephone Number		

MILITARY - Branch of Service

Describe any military training received relevant to the position for which you are applying:

EDUCATION/TRAINING – Include Technical/Academic Achievements/Courses

Have you obtained a high school diploma or GED certificate? Yes □ No □			
School	Name & Location	Diploma/Degree	Subject of Specialization
High School			
College/University			

WORKABILITY

Are you able to perform the essential functions of	f the job for	r which you are	applying with	or without a
reasonable accommodation?				

- o Yes
- o No

If "with reasonable accommodation", what accommodations would be required? _____

PAST PERFORMANCE

Have you ever been terminated from employment or asked to resign by an employer?				
0	Yes No			
If yes, please provide company names, the reason for termination and contacts:				
		_		

FELONIES AND/OR CONVICTIONS

0	Yes	
0	No	
f yes, p	please provide dates, nature of and location	ons for all convictions:

HER SPECIAL SKILLS – List other Specific Skills you have to offer for this opening:			
FERENCES – Give the Na	ames of Three Profession	al and 2 Person	al (no one related to you)
Name	Address	Telephone	Occupation

Authorization and Acknowledgement

Please Read Carefully Before Signing

I authorize investigation of all statements contained in this application (if I am considered for employment) and hereby authorize previous employers, personal references named or any other person or persons to whom the company may refer, to give any and all information regarding my background if requested. I also authorize, whether listed or not, any person, school, current employer, past employers and organizations to provide relevant information and opinions that may be useful in making a hiring decision. I release such persons and organizations from any legal liability in making such statements.

I understand that Patton Warehousing, LLC may request an investigative consumer report from a consumer reporting agency. This report may include information as to my character, reputation, personal characteristics and mode of living obtained from interview with neighbors, friends, former employees, schools and others. I understand I have a right to make a written request with reasonable time for the disclosure of the name and address of the consumer reporting agency so that I may obtain a complete disclosure of the nature and scope of the investigation.

If employed, I agree to engage in no outside activity which would involve a material conflict of interest with, or which could, as determined by the company, reflect adversely on the company.

If employed, I agree to maintain confidentiality regarding any information concerning the company that may come to my knowledge. Further, I agree to comply with all the policies and regulations of the company as set forth in the company's employee handbook or other communications distributed to all employees.

I understand that neither the completion of this application nor any other part of my consideration for employment established any obligation for the company to hire me. I understand that if employment is offered to me, either verbally or in writing, such offer does not constitute a contract of employment. I understand that if I am employed by the company, my enrollment will be for no definite period of time and that my employment can be terminated at any time and for any reason, with or without cause and without prior notice, at the option of either the company or myself. I also understand that this status can only be altered by a written contract of employment, specific to all material terms, that is signed by an authorized officer/manager of the company.

I attest with my signature below that I have read all of the previous statements and understand the same and that all statements made by me are true and accurate to the best of my knowledge and that I have withhold nothing that would, if disclosed, affect this application unfavorably. I understand that any false statements or material omissions are sufficient cause for rejection on my application for employment and that, if I am hired, I may be dismissed if, after employment, it is learned that any of my entries or information are false, misleading or incomplete. I certify that I am at least 18 years of age and am legally authorized to work in the United States.

I understand that I may be required to successfully pass a drug screening examination. I hereby consent to preand/or post-employment drug screen as a condition of employment, if required.

I UNDERSTAND THAT THIS APPLICATION OR SUBSEQUENT EMPLOYMENT DOES NOT CREATE A CONTRACT OF EMPLOYMENT NOR GUARANTEE EMPLOYMENT FOR ANY DEFINITE PERIOD OF TIME. IF EMPLOYED, I UNDERSTAND THAT I HAVE BEEN HIRED AT THE WILL OF THE EMPLOYER AND MY EMPLOYMENT MAY BE TERMINATED AT ANY TIME, WITH OR WITHOUT CAUSE AND WITH OR WITHOUT NOTICE.

Applicant's Name: (Please Print)	
, , ,	omitting this Application, my consent to the terms of this and legal effect as if I signed this Application in writing.
Applicant's Initials	Date