



GENERAL NUCLEAR CORPORATION

APPLICATION FOR EMPLOYMENT

We consider applicants for all positions without regard to race, color, religion, creed, gender, national origin, age, disability, marital or veteran status, or any other legally protected status.

POSITION(S) APPLIED FOR _____

DATE/TIME FIELD _____

HOW DID YOU HEAR ABOUT US?

ADVERTISEMENT

RELATIVE

INQUIRY

EMPLOYMENT AGENCY

FRIEND

OTHER _____

LAST NAME _____

FIRST NAME _____

MIDDLE INITIAL _____

ADDRESS _____

CITY _____

Pennsylvania

STATE _____

ZIP _____

PHONE # _____

ALT PHONE # _____

EMAIL _____

SSN _____

Best time to contact you at home is: _____

If you are under 18 years of age, can you provide required proof of your eligibility to work? _____

Have you ever filed an application with us before? _____

If yes, when? _____

Have you ever been employed with us before? _____

If yes, when? _____

Do any of your friends or relatives, other than spouse, work here? _____

Are you currently employed? _____

May we contact your present employer? _____

Date available for work: _____

What is your desired salary range? _____

Are you available to work:

Full-Time

Please Indicate Shift: _____

Part-Time

Please Indicate: _____

Temporary

Please Indicate: _____

to _____

Are you currently on "lay-off" status and subject to recall? _____

Can you travel if a job requires it? _____

WE ARE AN EQUAL OPPORTUNITY EMPLOYER

EDUCATION

	NAME AND ADDRESS OF SCHOOL	COURSE OF STUDY	YEARS COMPLETED	DIPLOMA/ DEGREE
Elementary School				
High School				
Undergraduate College				
Graduate Professional				
Other (Specify)				

Describe any specialized training, apprenticeship, skills and extra-curricular activities.

Describe any job-related training received in the United States military.

EMPLOYEMENT EXPERIENCE

Employer	Dates Employed		Work Performed
	From	To	
Address	_____		
	Hourly Rate / Salary		
Phone Number	Starting	Final	
Job Title	Supervisor		

Employer	Dates Employed		Work Performed
	From	To	
Address	_____		
	Hourly Rate / Salary		
Phone Number	Starting	Final	
Job Title	Supervisor		

Employer	Dates Employed		Work Performed
	From	To	
Address	_____		
	Hourly Rate / Salary		
Phone Number	Starting	Final	
Job Title	Supervisor		

Employer	Dates Employed		Work Performed
	From	To	
Address	_____		
	Hourly Rate / Salary		
Phone Number	Starting	Final	
Job Title	Supervisor		

List professional, trade, business or civic activities and office held.

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ADDITIONAL INFORMATION

Other Qualifications

Summarize special job-related skills and qualifications acquired from employment or other experiences.

SPECIALIZED SKILLS

Terminal

Spreadsheet

Production/ Mobile
Machinery (list)

Other (list)

PC / MAC

Word Processing

Typewriter

Shorthand

WPM

WPM

State any additional information you feel may be helpful to us in considering your application.

Note to Applicants: DO NOT ANSWER THIS QUESTION UNLESS YOU HAVE BEEN INFORMED ABOUT THE REQUIREMENTS OF THE JOB FOR WHICH YOU ARE APPLYING.

Are you capable of performing in a reasonable manner, with or without a reasonable accomodation, the activites involved in the job or occupation for which you have applied? A review of the activites involved in such a job occupation has been given. _____

REFERENCES

Name Phone Number

Address

Name Phone Number

Address

Name Phone Number

Address

APPLICANT'S STATEMENT

I certify that answers given herein are true and complete

I authorize investigation of all statements contained in this application for employment as may be necessary in arriving at an employment decision.

This application for employment shall be considered active for a period of time not to exceed 45 days. Any applicant wishing to be considered for employment beyond this time period should inquire as to whether or not applications are being accepted at that time.

I hereby understand and acknowledge that, unless otherwise defined by applicable law, any employment relationship with this organization is of an "at will" nature, which means that the Employee may resign at any time and the Employer may discharge Employee at any time with or without cause. It is further understood that this "at will" employment relationship may not be changed by any written document or by conduct unless such change is specifically acknowledged in writing by an authorized executive of this organization.

In the event of employment, I understand that false or misleading information given in my application or interview(s) may result in discharge. I understand, also, that I am required to abide by all rules and regulations of the employer.

Signed By _____

_____ Date

FOR PERSONNEL DEPARTMENT USE ONLY

Arrange Interview Yes No

Remarks

Employed Yes No Date of Employment _____

Job Title _____ Rate _____ Department _____

Interview By

Date