

7700 Avonia Road PO Box 916 Fairview, PA 16415

(814) 474-3900 or 1-877-474-GEAA

Fax: (814) 474-4969

Email: info@greater-erie.com Website: www.greater-erie.com

# PLEASE, BEFORE SUBMITTING THIS APPLICATION FOR CONSIDERATION:

- Complete ALL areas.
- Use ink pen only.
- Please print legibly.
- Identify the position you are applying for
- You MUST sign and date the application.
- Please, ask for more paper if you need it.
- Résumé's may be attached but do not substitute for completing application. Please, do not write "see résumé."
- We will contact you if selected for further consideration.
- All applications are kept active for 90 days from signature and date.

Thank you for your interest in the Greater Erie Auto Auction

## Our Mission Statement:

The Greater Erie Auto Auction Team...

Doing Common Things Uncommonly Well with
Honesty, Integrity and Enthusiasm...

Always Working Hard to be Greater!

## APPLICATION FOR EMPLOYMENT

NAME:			SOCIAL SE	CURITY #:	
Last	First	Middle			
CURRENT ADDRESS:_	Street	City	State	Zip Code	Apt.#
AREA CODE & TELEPH	IONE NUMBE	R:			
POSITION APPLYING F	OR:		SALARY	DESIRED:	
TYPE OF EMPLOYMEN	IT DESIRED:	☐ Full Time	Part Time	Temporary	
If Part-Time Employment	is Desired, Are			☐ Evenings	□ Weekends
HOW DID YOU HEAR A	ABOUT THIS F	POSITION:  Agency	□ Ad	☐ Internet	Other
IF REFERRED BY AN E	MPLOYEE, W	HO REFERRE	ED YOU?		
HAVE YOU EVER APPL BEFORE?					
IF YOU ARE APPLYING LICENSE? C Ye	FOR A DRIVI				
CAN TOU TRAVEL!					
LIST YOUR COMPUTE	es No Some R SKILLS:				
LIST OTHER SPECIALI					
Beg	in with the mos	EDUCAT st recent/highes		hnical schools	
SCHOOL NAME ADD	RESS YEAR	S COMPLETE	D MAJOR (	GRADUATED	DEGREE
		1 2 3 4	,	Yes/No	
	,	1 2 3 4		Yes/No	
,		1 2 3 4	,	Yes/No	

## **EMPLOYMENT HISTORY**

List your present and past employers for the past 5 years starting with the most recent. Please explain any gaps in employment or if you were self-employed.

(1) NAME OF EMPLOYER:		YOUR TITLE:			
EMPLOYER ADDRESS:		PHONE NUMBER:  SALARY:  Starting/Ending			
DATES EMPLOYED:					
SUPERVISOR/TITLE: From/To					
REASON FOR LEAVING:					
RESPONSIBILITIES:					
		CAN WE CONTACT? □			
(2) NAME OF EMPLOYER:_		YesYOUR TITLE:			
EMPLOYER ADDRESS:		PHONE NUMBER:			
DATES EMPLOYED:		SALARY: Starting/Ending			
SUPERVISOR/TITLE:	From/To	Starting/Ending			
REASON FOR LEAVING:					
RESPONSIBILITIES:					
		CAN WE CONTACT? □			
		Yes YOUR TITLE:	No		
EMPLOYER ADDRESS:		PHONE NUMBER:			
DATES EMPLOYED: From/To SUPERVISOR/TITLE:		SALARY:			
		Starting/Ending			
RESPONSIBILITIES:					
		CAN WE CONTACT?	□ No		

#### **REFERENCES**

List three personal/business references not in	ncluding spouse or family:
(1) NAME:	
	PHONE NUMBER:
(2) NAME:	
	PHONE NUMBER:
(3) NAME:	
	PHONE NUMBER:
	OTHER
no contest to a crime, been convicted of a cri	d adjudication withheld, prosecution deferred, pled guilty or time or have any criminal charges currently pending? You may I's/DUI's. Include all misdemeanor and felony convictions.
If yes, please provide dates and details:	Yes No
Conviction will not necessarily bar you from the position you are applying for.	n employment. Each instance will be considered in relation to
STATEM	ENT OF APPLICATION
that falsification or omission of information will be considered, but does not imply I will	olication is true and correct to the best of my knowledge and is grounds for my dismissal. I understand this application be employed. I understand if hired, my employment will be I have the right to terminate my employment without notice e right.
DO NOT SIGN UNTIL YOU HAV	E READ AND UNDERSTAND THS STATEMENT
APPLICANT SIGNATURE	DATE