

# Shumaker Industries

Specialists In Manufacturing Drums and Mixer Parts Since 1953  
924 Water Street  
Northumberland, PA 17857  
(570)-473-8861  
www.shumakerindustries.com



Shumaker Industries is an equal opportunity employer.

## PERSONAL INFORMATION

Name (Last, First, Middle):

Date:

Social Security Number:

Home Address:

City:

State:

Zip:

Home Phone:

Business Phone:

Can you prove your U.S. Citizenship? Circle one:

Yes

No

If not a U.S. Citizen, give Visa No. and Expiration Date:

Position You Are Applying For

Title:

Referred by:

Date You Can Start:

## EDUCATION RECORD

High School (Name, City, State):

Business or Technical School (Name, City, State):

Dates Attended:

Degree Earned:

Undergraduate College (Name, City, State):

Dates Attended:

Degree, Major:

Graduate School (Name, City, State):

Dates Attended:

Degree, Subject:

WORK HISTORY (GIVE INFORMATION ABOUT YOUR LAST 3 JOBS, STARTING WITH THE MOST RECENT)

1-Employer	Dates Employed:	
Address:		
City:	State:	Zip:
Phone:	Ending Salary:	
Title/Duties:		
Manager's Name and Title:		
Reason for Leaving:		
2-Employer	Dates Employed:	
Address:		
City:	State:	Zip:
Phone:	Ending Salary:	
Title/Duties:		
Manager's Name and Title:		
Reason for Leaving:		
3-Employer	Dates Employed:	
Address:		
City:	State:	Zip:
Phone:	Ending Salary:	
Title/Duties:		
Manager's Name and Title:		
Reason for Leaving:		

CHARACTER REFERENCES (IF APPLYING FOR YOUR FIRST JOB, YOU MAY USE ACADEMIC REFERENCES)

1-Name:

Work Phone:

Home Phone:

Address:

City:

State:

Zip:

Relationship to You:

2-Name:

Work Phone:

Home Phone:

Address:

City:

State:

Zip:

Relationship to You:

3-Name:

Work Phone:

Home Phone:

Address:

City:

State:

Zip:

Relationship to you:

Can lift a 40-pound piece of steel?

Yes

No

May we contact your present employer?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
Are you currently on "lay-off" status and subject to recall?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
Have you ever served in any branch of the military?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
Can you travel if a job requires it?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
Have you been convicted of a felony within the last 7 years?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
Are you available to work 2 <sup>nd</sup> or 3 <sup>rd</sup> shift	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
Have you used illegal drugs in the last two years?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
Can you meet the attendance requirements of this job?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>

<b>PLEASE READ AND SIGN</b>	
[THE FACTS SET OUT IN THIS APPLICATION ARE, TO THE BEST OF MY KNOWLEDGE, TRUE AND COMPLETE]	
Signature:	Date: