

From:\_\_\_\_\_\_To:\_\_\_\_

5218 E. Trindle Road, Mechanicsburg, PA 17050 (717) 795-4384 www.thriftonpurpose.org

## **Employment Application**

## **APPLICANT INFORMATION** Date:\_\_\_\_\_ Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ M.I.: \_\_\_\_ Street Address: \_\_\_\_\_ Apartment/Unit #: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_ Zip Code: \_\_\_\_\_ Phone #: \_\_\_\_\_Email Address: \_\_\_\_\_ Date Available: \_\_\_\_\_\_Position Applied For: \_\_\_\_\_ Are you legally authorized to work in the U.S.? Have you ever been convicted of a felony? ☐ Yes ☐ Yes - Please explain:\_\_\_\_\_ □ No ☐ No Have you ever worked for MCC or MCC Thrift? ☐ Yes - When and in what capacity? □ No If under the age of 18, I will be able to provide a work permit if hired: ☐ Yes ☐ No **EDUCATION** High School: From:\_\_\_\_\_\_To:\_\_\_\_ Did you graduate? ☐ Yes - Degree?\_\_\_\_\_ □ No - Expected grad date? College: Location: From:\_\_\_\_\_\_To:\_\_\_\_ Did you graduate? ☐ Yes - Degree?\_\_\_\_\_ ☐ No - Expected grad date?\_\_\_\_\_ Other:\_\_\_\_ Location:

Did you graduate?

☐ Yes - Degree?\_\_\_\_\_



## THRIFT ON PURPOSE MCC THRIFT SHOP 5218 E. Trindle Road, Mechanicsburg, PA 17050 (717) 795-4384 www.thriftonpurpose.org

|                    | ☐ No - Expected grad date?                    |  |
|--------------------|-----------------------------------------------|--|
| EMPLOYMENT HISTORY |                                               |  |
| Employment 1:      |                                               |  |
| Employer:          | Supervisor:                                   |  |
| Address:           | Phone #:                                      |  |
| Job Title:         |                                               |  |
| Responsibilities:  | ☐ Yes<br>———————————————————————————————————— |  |
| From:To:           | Reason for Leaving:                           |  |
| Employment 2:      |                                               |  |
| Employer:          | Supervisor:                                   |  |
| Address:           | Phone #:                                      |  |
| Job Title:         |                                               |  |
| Responsibilities:  | ☐ Yes<br>———————————————————————————————————— |  |
| From:To:           | Reason for Leaving:                           |  |
| Employment 3:      |                                               |  |
| Employer:          | Supervisor:                                   |  |
| Address:           | Phone #:                                      |  |
| Job Title:         | May we contact your supervisor?               |  |
| Responsibilities:  |                                               |  |
| From: To:          | Reason for Leaving:                           |  |

**VOLUNTEER EXPERIENCE** 



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| Organization:                                                               | From:_ | To:                                                                                 |
|-----------------------------------------------------------------------------|--------|-------------------------------------------------------------------------------------|
| Role/Responsibilities:                                                      |        |                                                                                     |
|                                                                             |        |                                                                                     |
| REFERENCES (Please list 3 Profe                                             |        |                                                                                     |
| Reference 1:                                                                |        |                                                                                     |
| Full Name:                                                                  |        |                                                                                     |
| Company:                                                                    |        | Relationship:                                                                       |
| Email:                                                                      |        | Phone Number:                                                                       |
| Reference 2:                                                                |        |                                                                                     |
| Full Name:                                                                  |        |                                                                                     |
| Company:                                                                    |        | Relationship:                                                                       |
| Email:                                                                      |        | Phone Number:                                                                       |
| Reference 3:                                                                |        |                                                                                     |
| Full Name:                                                                  |        |                                                                                     |
| Company:                                                                    |        | Relationship:                                                                       |
| Email:                                                                      |        | Phone Number:                                                                       |
| RESUME                                                                      |        |                                                                                     |
| Please attach a resume to this appl<br>that would enhance your ability to p | •      | of any skills, experiences, and/or training posted.                                 |
| DISCLAIMER AND SIGNATURE                                                    |        |                                                                                     |
|                                                                             | •      | of my knowledge. If this application leads ation in my application or interview may |



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Signature Date