



P.O. BOX 993  
 Valley Forge, PA 19482  
 610-935-1999  
 Fax 610-935-1904

APPLICANT INFORMATION										
Last Name				First				M.I.	Date	
Street Address							Apartment/Unit #			
City				State				ZIP		
Phone				E-mail Address						
Cell phone				Social Security No.						
Position Applied for					Date Available					
Are you a citizen of the United States?		YES <input type="checkbox"/>	NO <input type="checkbox"/>	If no, are you authorized to work in the U.S.?			YES <input type="checkbox"/>	NO <input type="checkbox"/>		
Have you ever worked for this company?		YES <input type="checkbox"/>	NO <input type="checkbox"/>	If so, when?						
Have you ever been convicted of a crime?		YES <input type="checkbox"/>	NO <input type="checkbox"/>	If yes, explain						

EDUCATION									
High School			Address						
From	To	Did you graduate?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	Degree				
College			Address						
From	To	Did you graduate?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	Degree				
Other			Address						
From	To	Did you graduate?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	Degree				

MILITARY SERVICE									
Branch					From	To			
Rank at Discharge					Type of Discharge				
If other than honorable, explain									

REFERENCES (PLEASE LIST ATLEAST ONE PROFESSIONAL REFERENCE.)									
Full Name			Relationship			Phone			
Company			Address						
Full Name			Relationship			Phone			
Company			Address						
Full Name			Relationship			Phone			
Company			Address						



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PREVIOUS EMPLOYMENT			
Company		Phone	
Address		Supervisor	
Job Title	Starting Salary \$	Ending Salary \$	
Responsibilities			
From	To	Reason for Leaving	
May we contact your previous supervisor for a reference? YES <input type="checkbox"/> NO <input type="checkbox"/>			
Company		Phone	
Address		Supervisor	
Job Title	Starting Salary \$	Ending Salary \$	
Responsibilities			
From	To	Reason for Leaving	
May we contact your previous supervisor for a reference? YES <input type="checkbox"/> NO <input type="checkbox"/>			

VEHICLE AND MISC. INFORMATION							
Year	Make	Model		SEDAN <input type="checkbox"/> SUV <input type="checkbox"/> WAGON <input type="checkbox"/> PICKUP <input type="checkbox"/> VAN <input type="checkbox"/>			
Driver's License #	Drv Lic State	License Plate #	Lic Plt State				
Vehicle Registration #	Veh Reg State	License ever suspended or revoked (if yes, please explain on back)			YES <input type="checkbox"/> NO <input type="checkbox"/>		
Insurance Company Name:	Policy #	Insurance Expiration					
Have you ever been granted a bond or security clearance? YES <input type="checkbox"/> NO <input type="checkbox"/>				Level of Clearance			
When was clearance granted?			Employer:				
Up to what weight package are you comfortable lifting (if NOT able to lift any weight, please explain on back)			1-25# <input type="checkbox"/> 26-50# <input type="checkbox"/> 51-75# <input type="checkbox"/> 76-100# <input type="checkbox"/> 100-150# <input type="checkbox"/> NO-WEIGHT <input type="checkbox"/>				
Please list your preferred days & hours of availability (Include evening, and weekend hours if desired)							
In Case of EMERGENCY: Notify (Given name, address, and Phone #)							
Alternate Contact							

DISCLAIMER AND SIGNATURE	
<p>I hereby authorize Blue Streak to conduct employment reference inquires to the companies and personal references that I have herein specified. I further authorize Blue Streak to verify my driving record through the state department of transportation. I agree to participate in random drug tests, as may be required by the company. Finally, I certify the information I have provided in this application is true and correct to the best of my knowledge. Submission of this electronic or hard copy application shall have the same force and effect as if the application bore an inked original signature.</p>	
Signature	Date