

**Drake Refrigeration, Inc.**  
 539 Dunksferry Road • Bensalem, PA 19020  
 215 – 244 – 1400

**APPLICATION FOR EMPLOYMENT**

It is our policy to comply with all applicable federal, state and local laws prohibiting discrimination in employment based on race, age, color, sex, religion, national origin, disability or other protected classification.

Name \_\_\_\_\_  
                     First Name (Given Name)                      Middle Name                      Last Name (Family Name)

Address \_\_\_\_\_  
                                     Street                                      City                                      State                                      Zip

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Are you legally eligible to work in United States?       Yes  No

Are you at least 18 years of age?       Yes  No

Have you ever worked for NRAC before?       Yes  No

How did you learn of this opening? \_\_\_\_\_

Please check all shifts that you are available for work:     1<sup>st</sup> (7-3:30)     2<sup>nd</sup> (3:00-11:15)     3<sup>rd</sup> (11:00-7:15)

Are there any Days, or Hours, that you are NOT available to work? \_\_\_\_\_

Are you willing and able to work overtime, as needed?     Yes  No

EDUCATION	NAME & LOCATION OF SCHOOL	COURSE OF STUDY	GRADUATED?
High School / GED			
College/University			
Other Training/Education:			

In addition to your work history (reverse side), what skills or qualifications do you feel would make you a good candidate for employment with our company? \_\_\_\_\_

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Position applied for: \_\_\_\_\_ Wage or salary desired: \$ \_\_\_\_\_

**(OVER)**

**WORK HISTORY. Please complete all fields!**

List below your last four employers, starting with current or most recent employer.

Current or Most Recent Employer			Address	Telephone
Date Started:	Starting Salary: \$	Per	Position(s) held:	
Date Left:	Ending Salary: \$	Per	Duties:	
Reason for leaving:				
Name and Title of Supervisor:				
Previous Employer			Address	Telephone
Date Started:	Starting Salary: \$	Per	Position(s) held:	
Date Left:	Ending Salary: \$	Per	Duties:	
Reason for leaving:				
Name and Title of Supervisor:				
Previous Employer			Address	Telephone
Date Started:	Starting Salary: \$	Per	Position(s) held:	
Date Left:	Ending Salary: \$	Per	Duties:	
Reason for leaving:				
Name and Title of Supervisor:				
Previous Employer			Address	Telephone
Date Started:	Starting Salary: \$	Per	Position(s) held:	
Date Left:	Ending Salary: \$	Per	Duties:	
Reason for leaving:				
Name and Title of Supervisor:				

**APPLICANT'S STATEMENT**

**I voluntarily give to this Company, or any subsidiary, parent or affiliate, the right to make a thorough investigation of my work history and to verify all data given in my application for employment, related papers or oral interview. I authorize such investigation and the giving and receiving of any such information, and I release from liability all persons, companies, corporations and institutions supplying such information. I release and hold harmless this Company from and against any and all liability which might result from making such an investigation.**

**I understand that the falsification of data given or other unfavorable information disclosed as a result of this investigation may prevent me from being hired, or if hired, may subject me to immediate dismissal. I understand that any material misrepresentation or deliberate omission of a fact in my application for employment, or related papers, may be justification for refusal of employment, or if employed, termination from employment.**

**I also understand that if I am employed, such employment is for no definite period and that this Company can change wages, benefits and conditions at any time. I understand that no employment contract is being offered. I further understand that my employment can be terminated with or without cause and with or without notice, at any time, at the option of either the Company or myself. No supervisor, manager or executive of the Company, other than the President, has any authority to alter the foregoing.**

**Applicant's Signature:** \_\_\_\_\_

**Date:** \_\_\_\_\_