

Application for Employment

*Please submit completed applications to jobs@rikore.com or P.O. Box 500 Mount Holly Springs, PA 17065

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Personal Data										
Name (last, first, middle)										
Street Address and/or Mailing address				City				State	Zip	
Street Address and/or Mailing address				City				State	Ζιρ	
Home phone		Cellular phone					Email addre	ess		
Date you can start work		Salary desired					Do you have a high school diploma or GED?			
Position Information Please chec	k the bo	xes that ap	oply							
Hours Full-time		Days Swing								
Part-time		Evenings					Night shift			
Tare time		Everilings			,	Weekends				
Are you authorized to work in the U.S. on an u	nrestrict	restricted basis? Pick three of the qualities/skills you feel are your strongest: Quick learner Math skill:						ner 🗌 Math skills		
☐ Yes ☐ 1			Mecha	anically in	clined 🗌 Team	player	Atter	ntion to detail	Computer skills	
l ies l i	NO		Deper	ndable	☐ Problem solvir	ng	Positive	Other		
Have you ever been convicted of a felony? (C	onvictio	ns will not	neccesaril	v disquali	fy an applicant for	emplov	ment)	☐ Yes	□ No	
If yes, please explain:				,	,	,	•			
ii yes, piease expiairi.										
Is there a specific position you are applying fo	r (if so, p	lease list)?	Do	you have	e any contacts that	are cur	rently emplo	yed with MHSSP (i	if so, please list)?	
			_ _							
Qualifications Please list any educ	ation or	training y	ou feel rela	tes to the	position applied for	or that v	would help y	ou perform the wo	ork, such as schools,	
colleges, degrees, v	ocation	al or techn	ical progra	ms, and n	nilitary training.					
School/Training/Millitary Name			Dates		Degree	e		City/	State	
								,,		
6 . 1.61.11										
Special Skills List any special skills or e	experien	ce that yo	u feel woul	d help yo	u in the position th	nat you	are applying	for (leadership, or	ganizations/teams, etc)	
References Please list three profess	ional ref	ferences n	ot related t	o you, wit	th full name, addre	ss, phor	ne number, a	nd relationship. If	you don't have three	
professional references	, then lis	t personal	l, unrelated	reference	es.					
Name	Name Address/City/			ate Phone			Relationship		Relationship	
Address/City			23, City, 3to	utc FIIO					Cationship	
	1				1			1		

Work History Start with your present or most recent employment and work back. Use separate sheet if necessary. (INCLUDE PAID AND UNPAID POSITIONS)								
Position #1	Start Date (Mo/Day/Year)	End Date (Mo/Day/Year)						
Company Name	Supervisors Name	Phone Number						
City	State	Zip						
Duties								
Reason for leaving	Starting Salary	Ending Salary						
May we contact your present Employer? Yes No N/A								
Position #2	Start Date (Mo/Day/Year)	End Date (Mo/Day/Year)						
Company Name	Supervisors Name	Phone Number						
City	State	Zip						
Duties								
Reason for leaving	Starting Salary	Ending Salary						
Position #3	Start Date (Mo/Day/Year)	End Date (Mo/Day/Year)						
Company Name	Supervisors Name	Phone Number						
City	State	Zip						
Duties								
Reason for leaving	Starting Salary	Ending Salary						
Position #4	Start Date (Mo/Day/Year)	End Date (Mo/Day/Year)						
Company Name	Supervisors Name	Phone Number						
City	State	Zip						
Duties								
Reason for leaving	Starting Salary	Ending Salary						
I certify that the facts set forth in this Application for Employment are true and complete to the best of my knowledge. I understand that if I am employed, false statements, omissions or misrepresentations may result in my dismissal. I authorize the Employer to make an investigation of any of the facts set forth in this application and release the Employer from any liability. The employer may contact any listed references on this application. I acknowledge and understand that the company is an "at will" employer. Therefore, any employee (regular, temporary, or other type of category employee) may resign at any time, just as the employer may terminate the employment relationship with any employee at any time, with or without cause, with or without notice to the other party.								
Applicant signature		Date						