

2425 Lincoln Highway East, P.O. Box 10757, Lancaster, PA 17605

Application for Employment

COMPLETE ALL RELEVANT FIELDS AND CLICK "SUBMIT FORM" BUTTON ON PAGE 2									
Last Name Fi	rst Name	Middle	e Name	Home Phone Number		Cell Phone Number			
Home Address		(lity		State	Zip			
Are you 18 years of age or older? Yes No	Are you a United States Citizen? Yes No E-mail Address If not, what is your immigration status? E-mail Address E-mail Address								
Position Applied For	Schedule Desired (Check All That Apply) Salary Desired Full-Time Part-Time Part-Time Temporary Nights & Weekends Days Only Salary Desired								
Are You Currently Employed? Yes No If Yes, May We Inquire of Your Present Employer? Yes No									
Have You Ever Applied to American Mus	If Yes, When? Referred B		Referred By						
EDUCATION									
Name of School	Number of Y	Years Attended Completed		Ty	Type of Degree/Diploma or Field of Study				
High School			Yes No						
College			Yes No						
Graduate/Other			Yes No						

Employment History (Please List Present or Recent Position First)										
Employer	Position	From	То	Initial Salary	Ending Salary	Ending Salary				
Address			Reason fo	Reason for Leaving						
Employer	Position	From	То	Initial Salary	Ending Salary	Ending Salary				
Address				Reason for Leaving						
Employer	Position	From	То	Initial Salary	Ending Salary	Ending Salary				
Address				Reason for Leaving						
	Professional Reference	ces (Please List Three Ro	eferences Who	om We May Contact)						
Name	Title	Company		Phone Number	Phone Number					
Name	Title	Company		Phone Numbe	Phone Number					
Name	Title	Company		Phone Number	Phone Number					
PLEASE READ CAREFULLY BEFORE SIGNING										

I certify that the answers that I have given in this application are true and accurate to the best of my knowledge and I understand that any false or misleading answers or any omissions or concealment of facts will disqualify me from consideration for employment or will be grounds for my immediate discharge.

I agree to conform to the rules and regulations of the company and if employed, I understand and agree that my employment is at will and no employment contract rights have been created. I also understand that my employment may be terminated at any time with or without cause, and with or without notice at the option of either the company or myself. I also understand that no supervisor, manager or other representative of the company has any authority to enter into any express or implied contract for any specified period of time. Any agreement contrary to the above must be in writing and must expressly state that it is a contract and be signed by an Authorized Executive Manager.

By placing my signature below, I certify and acknowledge that I have read the above and understand it.

Signature of Applicant

Date