



1750 W. College Ave.
State College, PA 16801

1525 Millville Rd.
Bloomsburg, PA 17815

88 Barratt Rd.
Clearfield, PA 16830

488 Airport Rd.
Johnstown, PA 15904

3576 W. Fourth St.
Williamsport, PA 17701

Employment Application

An Equal Opportunity Employer.

Minorities and females are encouraged to apply.

HRI, Inc., hereafter known as the Company, does not discriminate in employment on the basis of race, age, color, religion, national origin, sex, disability, or veteran status. No question on this application is intended to secure information to be used for such discrimination.

Date (Mo./Day/Year) ____ / ____ / ____

Personal Information

Name <small>(Last)</small>	Name <small>(First)</small>	Name <small>(M.I.)</small>	Social Security Number
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Present home address

City	State	Zip	How long?
Home phone ()	Work phone ()		

Previous home address

City	State	Zip	How long?
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Employment Information

Position desired	Salary expected \$
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Full-time Part-time Temporary If temporary, how long?

What days and hours are you available to work?	Date available
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Are you over the age of 18? <input type="checkbox"/> Yes <input type="checkbox"/> No	Are you legally eligible to work in the U.S.? <input type="checkbox"/> Yes <input type="checkbox"/> No
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If you are not a U.S. citizen, please provide your Form I-551 and state your Alien Registration Number

If you have previously worked for HRI, Inc., give dates, location, your name if different from above, and reason for leaving

If you have previously applied for employment with HRI, Inc., please indicate date and location

Are you related to anyone employed by HRI, Inc.? <input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, give name and relationship
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Have you ever been convicted of a breach of faith offense (including but not limited to killing, larceny, robbery, embezzlement, forgery, shoplifting, perjury, tax evasion, etc.)? Yes No

If yes, explain offense

Are you presently employed? Yes No

May we contact your present and past employer(s)? Yes No

Reason for seeking other employment?

Do you have a valid driver's license? <input type="checkbox"/> Yes <input type="checkbox"/> No	If so, driver's license number	Expiration date
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Education

School Name and Location	Years* Attended	Did You Graduate?		Specify Degree and Major
		Yes	No	
High School				
Trade or Business School				
College/University				
College/University				

*The Age Discrimination In Employment Act of 1967 prohibits discrimination on the basis of age with respect to individuals who are at least 40 but less than 70 years of age.

List scholarships, academic honors, awards, memberships and elected offices held in extra-curricular school or professional activities. (Exclude those indicating race, religion, age, color, sex, national origin, disability, or veteran status.)

Emergency

In case of emergency, notify: Name _____ Relationship: _____

Address: _____

Home Phone: _____ Work Phone: _____

It is the policy of this company to request a Pre-employment Physical/Drug Screening of potential new hires/rehires.

I understand this policy and agree to have the requested pre-employment physical/drug test. _____

SIGNATURE

Will You Abide By The Safety Rules of This Company?

Yes No

If injured, Will You Accept The Medical Facilities Recommended
By Your Employer? Yes No

REFERENCES

Name: _____ Address: _____

Occupation: _____ Yrs. Known: _____

Name: _____ Address: _____

Occupation: _____ Yrs. Known: _____

Name: _____ Address: _____

Occupation: _____ Yrs. Known: _____

Employment History

- Complete all areas even if resume is attached.
- Begin with most recent employment. Include work while in school and periods of unemployment.

Company		Address/City/State/Zip			
Type of business	Employed (month & year) From To	<input type="checkbox"/> Full-time <input type="checkbox"/> Part-time hrs. per week ____	<input type="checkbox"/> Monthly Beginning \$	<input type="checkbox"/> Weekly Ending \$	<input type="checkbox"/> Hourly salary or wage
Position(s) held			If you worked under a different last name, indicate name used		
Supervisor's name/position			Company phone number ()	May we contact <input type="checkbox"/> Yes <input type="checkbox"/> No	
Describe your duties. For equipment operators, be specific as to type of equipment experience.					
Reason for leaving					

Company		Address/City/State/Zip			
Type of business	Employed (month & year) From To	<input type="checkbox"/> Full-time <input type="checkbox"/> Part-time hrs. per week ____	<input type="checkbox"/> Monthly Beginning \$	<input type="checkbox"/> Weekly Ending \$	<input type="checkbox"/> Hourly salary or wage
Position(s) held			If you worked under a different last name, indicate name used		
Supervisor's name/position			Company phone number ()	May we contact <input type="checkbox"/> Yes <input type="checkbox"/> No	
Describe your duties. For equipment operators, be specific as to type of equipment experience.					
Reason for leaving					

Company		Address/City/State/Zip			
Type of business	Employed (month & year) From To	<input type="checkbox"/> Full-time <input type="checkbox"/> Part-time hrs. per week ____	<input type="checkbox"/> Monthly Beginning \$	<input type="checkbox"/> Weekly Ending \$	<input type="checkbox"/> Hourly salary or wage
Position(s) held			If you worked under a different last name, indicate name used		
Supervisor's name/position			Company phone number ()	May we contact <input type="checkbox"/> Yes <input type="checkbox"/> No	
Describe your duties. For equipment operators, be specific as to type of equipment experience.					
Reason for leaving					

Company		Address/City/State/Zip			
Type of business	Employed (month & year) From To	<input type="checkbox"/> Full-time <input type="checkbox"/> Part-time hrs. per week ____	<input type="checkbox"/> Monthly Beginning \$	<input type="checkbox"/> Weekly Ending \$	<input type="checkbox"/> Hourly salary or wage
Position(s) held			If you worked under a different last name, indicate name used		
Supervisor's name/position			Company phone number ()	May we contact <input type="checkbox"/> Yes <input type="checkbox"/> No	
Describe your duties. For equipment operators, be specific as to type of equipment experience.					
Reason for leaving					

SUPPLEMENTAL APPLICATION FOR TRUCK DRIVERS

DRIVER LICENSE	STATE	LICENSE NO.	CLASS	EXPIRATION DATE

- A. Have you ever been denied a license, permit or privilege to operate a motor vehicle? YES ___ NO ___
- B. Has any license, permit or privilege ever been suspended or revoked? YES ___ NO ___
- IF THE ANSWER TO EITHER A OR B IS YES, ATTACH STATEMENT GIVING DETAILS

DRIVING EXPERIENCE

TYPE OF EQUIPMENT OPERATED (TRI-AXLE DUMP, TANDEM FUEL, TRACTOR, ETC.)	EMPLOYER	DATES FROM	TO	APPROX. NO. OF MILES

SHOW SPECIAL COURSES OR TRAINING THAT WILL HELP YOU AS A DRIVER: _____

WHICH SAFE DRIVING AWARDS DO YOU HOLD AND FROM WHOM? _____

ACCIDENT RECORD FOR PAST 3 YEARS OR MORE (ATTACH SHEET IF MORE SPACE IS NEEDED)

DATES	NATURE OF ACCIDENT (HEAD-ON, REAR-END, UPSET, ETC.)	FATALITIES	INJURIES
LAST ACCIDENT _____			
NEXT PREVIOUS _____			
NEXT PREVIOUS _____			

TRAFFIC CONVICTIONS AND FORFEITURES FOR THE PAST 3 YEARS (OTHER THAN PARKING VIOLATIONS)

LOCATION	DATE	CHARGE	PENALTY

(ATTACH SHEET IF MORE SPACE IS NEEDED)

"I CERTIFY THAT THE FACTS CONTAINED IN THIS APPLICATION ARE TRUE AND COMPLETE TO THE BEST OF MY KNOWLEDGE AND UNDERSTAND THAT, IF EMPLOYED, FALSIFIED STATEMENTS ON THIS APPLICATION SHALL BE GROUNDS FOR DISMISSAL.

I AUTHORIZE INVESTIGATION OF ALL STATEMENTS CONTAINED HEREIN AND THE REFERENCES LISTED ABOVE TO GIVE YOU ANY AND ALL INFORMATION CONCERNING MY PREVIOUS EMPLOYMENT AND ANY PERTINENT INFORMATION THEY MAY HAVE, PERSONAL OR OTHERWISE, AND RELEASE ALL PARTIES FROM ALL LIABILITY FOR ANY DAMAGE THAT MAY RESULT FROM FURNISHING SAME TO YOU.

I UNDERSTAND AND AGREE THAT, IF HIRED, MY EMPLOYMENT IS FOR NO DEFINITE PERIOD AND MAY, REGARDLESS OF THE DATE OF PAYMENT OF MY WAGES AND SALARY, BE TERMINATED AT ANY TIME WITHOUT ANY PRIOR NOTICE."

DATE

SIGNATURE

Applicant's Certification *Please read carefully and sign below*

Please read the following statements before signing. If you have any questions, please discuss them with a Human Resources representative before signing.

I certify that the facts contained in this application are true and complete to the best of my knowledge and understand that falsified statements will be cause for removal from consideration or grounds for immediate dismissal if employment has already commenced.

If hired, I agree to comply with the policies and procedures of the Company. I understand that employment may be conditioned upon my physical ability to perform the job with reasonable accommodation. I understand that from time to time the Company may require a health evaluation which may include a physical examination by a doctor selected by the Company and periodic drug and/or alcohol tests.

I authorize investigation of all statements and references contained herein, all information concerning my previous employment, any pertinent information, personal or otherwise, and release all parties from all liability for any damage that may result from furnishing this information. Additionally, I authorize the Company to supply my employment record, in whole or in part, and in confidence, to any prospective employer, government agency, or other party, with a legal and proper interest.

As outlined in Section 606 of the Fair Credit Reporting Act, the Company may make an investigative consumer report, including information as to my character, general reputation and personal characteristics. Within a reasonable time of the receipt of this notification, I may request in writing a disclosure of the nature and scope of any such investigation.

All employment offers are made contingent on the above.

I understand and agree that if hired, my employment is for no definite period and may, regardless of the date of payment of my wages or salary, be terminated at any time without prior notice.

I acknowledge that I have read and understand the above statements. I understand that my application will not be processed if my signature does not appear below.

Signature

of Applicant _____

Date _____

All HRI, Inc. Applicants

Submission of this information is voluntary and refusal to provide it will not effect consideration for employment.

HRI, Inc., is a federal government contractor subject to Section 503 of the Rehabilitation Act of 1973 and Section 402 of the Vietnam Era Veterans Readjustment Assistance Act of 1974, which requires government contractors to take affirmative action to employ and advance qualified disabled individuals, qualified disabled veterans and veterans of the Vietnam era.

If you have such a disability or if you are a disabled veteran or Vietnam era veteran covered by this program and would like to be considered under the Affirmative Action Program, please complete the "Applicant Disclosure Statement" in addition to the "Applicant Data" section, which are part of this application.

Your information will be kept confidential and used only for the purposes of the Acts and the regulations issued under them, except (A) supervisors and managers may be informed regarding restrictions on your work or duties and necessary accommodations, (B) appropriate personnel may be informed, if the condition might require emergency treatment, and (C) government officials investigating compliance with the Acts will be informed.

A disabled person is one who (A) has a physical or mental impairment substantially limiting at least one of the major life activities, (B) has a record of such physical or mental impairment, or (C) is regarded as having such physical or mental impairment.

For purposes of this definition, "substantially limiting" occurs when an individual is likely to experience difficulty in securing, retaining, or advancing in employment.

A major life activity includes functions such as caring for one's self, performing manual tasks, socializing, walking, communicating, seeing, breathing, learning and working. Primary attention is given to those life activities that may affect employment.

A disabled veteran is a person entitled to disability compensation under laws administered by the Veterans Administration for disability rated as 30% or more, or a person whose discharge or release from active duty was for a disability incurred or aggravated in the line of duty.

"Veteran of the Vietnam era" means a person who served on active duty for a period of more than 180 days, any part of which occurred between August 5, 1964 and May 7, 1975, and was discharged or released for a service-connected disability or discharged or released with other than a dishonorable discharge.

HRI, INC.

Applicant Data

Please complete all areas*

Date of Application: _____

Position Desired: _____

Full-time _____ Part-time _____

Race (check one)

- _____ White
- _____ Black
- _____ Hispanic
- _____ Asian American
- _____ American Indian

Sex (check one)

- _____ Male
- _____ Female

Referral Source (check one)

- _____ Advertisement
- _____ Customer referral
- _____ Employee (current or former)
- _____ Employment agency
- _____ Public agency (local, state, federal)
- _____ Walk-in
- _____ Other

Veteran Status (check one)

- _____ Veteran
- _____ Disabled Veteran
- _____ Vietnam era Veteran
- _____ Disabled Vietnam era Veteran
- _____ Other protected Veteran
(see reverse side)
- _____ No Veteran Status
- _____ Information Not Disclosed

Disability (check one)

- _____ Yes
- _____ No

*The information requested is not utilized in the employment/interview process and will not affect any employment decision. It is information required to be maintained by various Federal Regulations. Providing this information is voluntary, confidential and will not be used adversely against any applicant.

Applicant Disclosure Statement

If you are disabled, a Vietnam era veteran, or a disabled veteran, and you desire to seek assistance in employment placement, please complete this disclosure and sign below. If you are not disabled, a Vietnam era veteran or a disabled veteran or you do not choose to reveal this information, you may omit completion of this disclosure and sign below.

_____ I am disabled or _____ I am a disabled veteran or _____ I am a Vietnam era veteran and would like assistance in appropriate job placement.

Signature of Applicant _____ SS# _____

Address _____

Telephone Number _____

Campaigns and Expeditions Which Qualify For Veterans Preference

Campaign or Expedition	Inclusive Dates	Navy Expeditionary Medal and Marine Corps Medal for these Operations:	
		Campaign or Expedition	Inclusive Dates
Armed Forces Expeditionary Medal (AFEM) A veteran's DD Form 214 showing the award of any AFEM is acceptable proof. The Global War on Terrorism Expeditionary Medal (GWTEM) is included for Veteran's Preference. The DD form 214 does not have to show the name of the theater or country of service for which that medal was awarded.			
Afghanistan (Operations Enduring Freedom (OEF) and Iraqi Freedom (OIF))	OEF September 11, 2001 to present; OIF March 19, 2003 to present	Cuba	January 3, 1961 to October 23, 1962
Berlin	August 14, 1961 to June 1, 1963	Indian Ocean/Iran	November 21, 1979 to October 20, 1981
Bosnia (Operations Joint Endeavor, Joint Guard, and Joint Forge)	November 20, 1995 to December 20, 1996; December 20, 1996 to June 20, 1998; June 21, 1998 to present	Iranian/Yemen/Indian Ocean	December 8, 1978 to June 6, 1979
Cambodia	March 29, 1973 to August 15, 1973	Lebanon	August 20, 1982 to May 31, 1983
Cambodia Evacuation (Operation Eagle Pull)	April 11 – 13, 1975	Liberia (Operation Sharp Edge)	August 5, 1990 to February 21, 1991
Congo	July 14, 1960 to September 1, 1962, and November 23 – 27, 1964	Panama	April 1, 1980 to December 19, 1986; February 1, 1990 to June 13, 1990
Cuba	October 24, 1962 to June 1, 1963	Libyan Area	January 20, 1986 to June 27, 1986
Dominican Republic	April 28, 1965 to September 21, 1966	Persian Gulf	February 1, 1987 to July 23, 1987
El Salvador	January 1, 1981 to February 1, 1992	Rwanda (Oper. Distant Runner)	April 7 – 18, 1994
Global War on Terrorism	September 11, 2001 to Present	Thailand	May 16 – August 10, 1962
Grenada (Operation Urgent Fury)	October 23, 1983 to November 21, 1983	Other Campaign and Service Medals Qualifying for Preference:	
Haiti (Operation Uphold Democracy)	September 16, 1994 to March 31, 1995		
Iraq (Operations Northern Watch, Desert Spring, Enduring Freedom (OEF), and Iraqi Freedom (OIF))	January 1, 1997 to present; December 31, 1998 to December 31, 2002 (projected); OEF September 11, 2001 to present; OIF March 19, 2003 to present.	Army Occupation of Austria	May 9, 1945 to July 27, 1955
Korea	October 1, 1966 to June 30, 1974	Army Occupation of Berlin	May 9, 1945 to October 2, 1990
Kosovo	March 24, 1999 to present	Army Occupation of Germany (exclusive of Berlin)	May 9, 1945 to May 5, 1955
Laos	April 19, 1961 to October 7, 1962	Army Occupation of Japan	September 3, 1945 to April 27, 1952
Lebanon	July 1, 1958 to November 1, 1958; June 1, 1983 to December 1, 1987	Chinese Service Medal (Extended)	September 2, 1945 to April 1, 1957
Mayaguez Operation	May 15, 1975 to May 15, 1975	Korea Defense Service Medal	July 28, 1954 to (date to be determined)
Operations in the Libyan Area (Operation Eldorado Canyon)	April 12, 1986 to April 17, 1986	Korean Service	June 27, 1950 to July 27, 1954
Panama (Operation Just Cause)	December 20, 1989 to January 31, 1990	Kosovo Campaign Medal (KCM) Operation Allied Force	March 24, 1999 to June 10, 1999
Persian Gulf Operation (Operation Earnest Will)	July 24, 1987 to August 1, 1990	Kosovo Campaign Medal (KCM) Operation Joint Guardian	June 11, 1999 to (date to be determined)
Persian Gulf Operation (Operation Southern Watch)	December 1, 1995 to Present	Kosovo Campaign Medal (KCM) Operation Allied Harbor	April 4, 1999 to September 1, 1999
Persian Gulf Operation (Operation Vigilant Sentinel)	December 1, 1995 to February 1, 1997	(KCM)Operation Sustain Hope/Shining Hope	April 4, 1999 to July 10, 1999
Persian Gulf Operation (Operation Desert Thunder)	November 11, 1998 to December 22, 1998	Kosovo Campaign Medal (KCM) Operation Noble Anvil	March 24, 1999 to July 20, 1999
Persian Gulf Operation (Operation Desert Fox)	December 16, 1998 to December 22, 1998	Kosovo Campaign Medal (KCM) Task Force Hawk	April 5, 1999 to June 24, 1999
Persian Gulf Intercept Oper.	December 1, 1995 to Present	(KCM) Task Force Saber	March 31, 1999 to July 8, 1999
Quemoy and Matsu Islands	August 23, 1958 to Present	(KCM) Task Force Falcon	June 11, 1999 to (to be determined)
Somalia (Operations Restore Hope and United Shield)	December 5, 1992 to March 31, 1995	Kosovo Campaign Medal (KCM) Task Force Hunter	April 1, 1999 to November 1, 1999
Taiwan Straits	August 23, 1958 to January 1, 1959	Navy Occupation of Austria	May 8, 1945 to October 25, 1954
Thailand	May 16, 1962 to August 10, 1962	Navy Occupation of Trieste	May 8, 1945 to October 25, 1954
Vietnam Evacuation (Operation Frequent Wind)	April 29, 1975 to April 30, 1975	Southwest Asia Service Medal (SWASM) (Operations Desert Shield/Desert Storm)	August 2, 1990 to November 30, 1995
Vietnam (including Thailand)	July 1, 1958 to July 3, 1965	Units of the Sixth Fleet (Navy)	May 9, 1945 to October 25, 1955
		Vietnam Service Medal (VSM)	July 4, 1965 to March 28, 1973