



# Application for Employment

Main Line Supply Co., Inc. · F-050 R1 (Sep 2026)

Main Line Supply is an Equal Opportunity Employer

Please print clearly and answer every question. If a question does not apply to you, write "N/A". Once complete, return this form to Main Line Supply in person or by mail.

## PERSONAL INFORMATION

FULL NAME

EMAIL

HOME TELEPHONE

BUSINESS TELEPHONE

TODAY'S DATE

SOCIAL SECURITY NUMBER

STREET ADDRESS

CITY

STATE

ZIP

HAVE YOU EVER APPLIED FOR EMPLOYMENT WITH US?

☐ YES

☐ NO

IF "YES," MONTH AND YEAR

LOCATION

## POSITION & AVAILABILITY

DEPARTMENT

POSITION DESIRED

PAY EXPECTED

WHEN WILL YOU BE AVAILABLE TO BEGIN WORK?

APART FROM ABSENCE FOR RELIGIOUS OBSERVANCE, ARE YOU AVAILABLE FOR FULL-TIME WORK?

☐ YES

☐ NO

IF NOT, WHAT HOURS CAN YOU WORK?

WILL YOU WORK OVERTIME IF ASKED?

☐ YES

☐ NO

ARE YOU LEGALLY ELIGIBLE FOR EMPLOYMENT IN THE UNITED STATES?

☐ YES

☐ NO

## BACKGROUND

HAVE YOU BEEN CONVICTED OF ANY CRIMES IN THE PAST TEN YEARS, EXCLUDING MISDEMEANORS AND SUMMARY OFFENSES, WHICH HAVE NOT BEEN ANNULLED, EXPUNGED OR SEALED BY A COURT?

☐ YES

☐ NO

IF "YES," DESCRIBE IN FULL.

HAVE YOU EVER BEEN BONDED?

☐ YES

☐ NO

IF "YES," WITH WHAT EMPLOYER(S)?

OTHER SPECIAL TRAINING OR SKILLS (LANGUAGES, MACHINE OPERATION, ETC.)

# EDUCATION

Fill in what applies — leave any row blank if it doesn't apply to you.

| LEVEL                    | NAME AND LOCATION OF SCHOOL | COURSE OF STUDY      | YRS.                 | DEGREE OR DIPLOMA    | GRADUATED?                                         |
|--------------------------|-----------------------------|----------------------|----------------------|----------------------|----------------------------------------------------|
| Graduate School          | <input type="text"/>        | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="radio"/> Yes <input type="radio"/> No |
| College                  | <input type="text"/>        | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="radio"/> Yes <input type="radio"/> No |
| Business/Trade/Technical | <input type="text"/>        | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="radio"/> Yes <input type="radio"/> No |
| High School              | <input type="text"/>        | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="radio"/> Yes <input type="radio"/> No |
| Elementary               | <input type="text"/>        | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="radio"/> Yes <input type="radio"/> No |

# EMPLOYMENT HISTORY

Accurate, complete full-time and part-time employment record, most recent employer first (up to 4).

EMPLOYER #1

COMPANY NAME

ADDRESS

TELEPHONE

NAME OF SUPERVISOR

EMPLOYED FROM (MONTH & YEAR)

EMPLOYED TO

WEEKLY PAY — START

WEEKLY PAY — LAST

STATE JOB TITLE AND DESCRIBE YOUR WORK

REASON FOR LEAVING

**EMPLOYER #2**

COMPANY NAME

ADDRESS

TELEPHONE

NAME OF SUPERVISOR

EMPLOYED FROM (MONTH &amp; YEAR)

EMPLOYED TO

WEEKLY PAY — START

WEEKLY PAY — LAST

STATE JOB TITLE AND DESCRIBE YOUR WORK

REASON FOR LEAVING

**EMPLOYER #3**

COMPANY NAME

ADDRESS

TELEPHONE

NAME OF SUPERVISOR

EMPLOYED FROM (MONTH &amp; YEAR)

EMPLOYED TO

WEEKLY PAY — START

WEEKLY PAY — LAST

STATE JOB TITLE AND DESCRIBE YOUR WORK

REASON FOR LEAVING

#### EMPLOYER #4

COMPANY NAME

ADDRESS

TELEPHONE

NAME OF SUPERVISOR

EMPLOYED FROM (MONTH & YEAR)

EMPLOYED TO

WEEKLY PAY — START

WEEKLY PAY — LAST

STATE JOB TITLE AND DESCRIBE YOUR WORK

REASON FOR LEAVING

#### DO NOT CONTACT

We may contact the employers listed above unless you indicate those you do not want us to contact.

EMPLOYER NUMBER(S) (E.G. "1, 3")

REASON

#### MILITARY

DID YOU SERVE IN THE U.S. ARMED FORCES?

☐ YES

☐ NO

IF "YES," IN WHAT BRANCH?

DESCRIBE ANY TRAINING RECEIVED RELEVANT TO THE POSITION FOR WHICH YOU ARE APPLYING.

## ADDITIONAL INFORMATION

Membership in professional and civic organizations, special accomplishments, awards, etc.  
(Exclude those which may disclose your race, color, religion, age or national origin)

## EQUAL EMPLOYMENT OPPORTUNITY

Main Line Supply is an Equal Opportunity Employer. All applicants are considered for employment without regard to race, color, religion, sex, national origin, age, disability, genetic information, veteran status, or any other status protected by applicable federal, state, or local law.

## APPLICANT'S CERTIFICATION & SIGNATURE

### Please read and understand this statement before signing your application:

The information I have provided in this Application for Employment is true, correct and complete. False, incomplete or misrepresented information of any kind, will be sufficient cause for my application to be rejected or, if discovered after I am employed, cause for immediate termination of my employment.

I authorize the employer to contact and obtain information about me from previous employers, educational institutions and "references" I provided, and any other party necessary to verify the accuracy of information I disclosed in this application, a related employment resume or a personal interview. To assist in the processing of my Application, I waive all rights and claims I may otherwise have against the employer or its representatives, for seeking, and using information to evaluate my employment request and all other persons, corporations or organizations who provide information for this purpose.

This application will expire in 30 days. After that date, unless otherwise notified, I understand that my status as an applicant will end. I may re-apply for employment in the future by completing a new application.

This application is not an employment agreement. If I accept an offer of employment I understand I may resign at any time, and the employer may terminate my employment at any time, with or without cause and without prior notice, unless required by law. I understand that no one, other than an executive officer of the employer, has authority to enter into any employment agreement with terms contrary to the foregoing and then only in writing signed by such officer.

### I fully understand and accept all terms and conditions in the above statement.

SIGNATURE (TYPE OR SIGN FULL NAME)

DATE

When completed and returned online, typing a name above in place of a handwritten signature is treated as an electronic signature of this application; the accompanying Electronic Signature Certificate page records that consent. When printed and completed by hand, please sign in ink.

REFERENCE CHECK (For Employer's Use Only)

REFERENCE #1

EMPLOYER

PERSON CONTACTED

RESULTS

REFERENCE #2

EMPLOYER

PERSON CONTACTED

RESULTS

REFERENCE #3

EMPLOYER

PERSON CONTACTED

RESULTS

REFERENCE #4

EMPLOYER

PERSON CONTACTED

RESULTS

TEST RESULTS (For Employer's Use Only)

TEST RESULT #1

TESTS ADMINISTERED

RAW SCORE

RATING

ANALYSIS & COMMENTS

### TEST RESULT #2

TESTS ADMINISTERED

RAW SCORE

RATING

ANALYSIS & COMMENTS

### TEST RESULT #3

TESTS ADMINISTERED

RAW SCORE

RATING

ANALYSIS & COMMENTS

### TEST RESULT #4

TESTS ADMINISTERED

RAW SCORE

RATING

ANALYSIS & COMMENTS

## INTERVIEW RESULTS (For Employer's Use Only)

INTERVIEWER NAME

COMMENTS