



EMPLOYMENT APPLICATION

Complete all sections, deliver to: Boyd Station, 557 Elysburg Rd, Danville, PA 17821 or email to: work@boydstation.com

Position Applying For: _____ Date: _____

How did you hear about this position? _____

PERSONAL INFORMATION

Applicant Full Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Home Phone: _____ Cell Phone: _____

Have you ever been convicted of anything other than a minor traffic violation? Yes No

If yes, please describe: _____

Are you capable of lifting up to 50 pounds? ☐ Yes ☐ No

Are you able to work weekends? ☐ Yes ☐ No

Are you willing to work overtime as required? ☐ Yes ☐ No

Are you agreeable to a regular company drug testing program? ☐ Yes ☐ No

EMPLOYMENT HISTORY (starting with most recent)

COMPANY 1

Company Name: _____ Position: _____

Start Date: ____/____/____ End Date: ____/____/____ Reason for Leaving: _____

City: _____ State: _____ Zip: _____

Describe your duties/training: _____

Contact Name: _____ Phone Number: _____

Was your position subject to a drug and alcohol testing program? ☐ Yes ☐ No



EMPLOYMENT APPLICATION

EMPLOYMENT HISTORY (Continued)

COMPANY 2

Company Name: _____ Position: _____

Start Date: ____/____/____ End Date: ____/____/____ Reason for Leaving: _____

City: _____ State: _____ Zip: _____

Describe your duties/training: _____

Contact Name: _____ Phone Number: _____

Was your position subject to a drug and alcohol testing program? ☐ Yes ☐ No

EMPLOYMENT HISTORY (Continued)

COMPANY 3

Company Name: _____ Position: _____

Start Date: ____/____/____ End Date: ____/____/____ Reason for Leaving: _____

City: _____ State: _____ Zip: _____

Describe your duties/training: _____

Contact Name: _____ Phone Number: _____

Was your position subject to a drug and alcohol testing program? ☐ Yes ☐ No

DRIVING INFORMATION

Do you have a current valid PA Driver's License? ☐ Yes ☐ No

If yes, any violations? ☐ Yes ☐ No If yes, please describe: _____

Driver's License Number: _____

My signature below certifies that this application was completed by me and that all entries on it and information supplied are true and complete to the best of my knowledge.

Signature: _____ Date: _____

BOYD STATION HAS A ZERO TOLERANCE DRUG AND ALCOHOL POLICY