



APPLICATION FOR EMPLOYMENT

Today's Date: _____

PLEASE PRINT OR TYPE – READ INSTRUCTIONS CAREFULLY

Position: _____ Date you can start: _____

Name: _____
Last First Middle

Address: _____
Street City State Zip

Phone: _____ Social Security No. _____

Check the appropriate answer for each question:

Are you under 18 years of age? Yes ___ No ___

If you are not a citizen of the U.S., do you have the legal right to accept employment in the U.S.?
Yes ___ No ___

State your current legal residence and indicate how long you have resided there.
City _____ State _____ Years _____ Months _____

Note: When filling out your application form, check to make sure that all appropriate questions have been answered. An incomplete application may result in its disapproval.

ALL STATEMENTS ARE SUBJECT TO VERIFICATION

If any add'l information relative to change of name, use of an assumed name or nickname is necessary to enable a check on your work record, explain below:

Were you ever dismissed or discharged from any employment for reasons other than lack of work or funds: Yes ___ No ___

Did you ever resign from any employment rather than face dismissal? Yes ___ No ___

Except for minor traffic violations, have you ever been convicted of an offense against the law?
Yes ___ No ___

If you answered YES to any of the questions above, give specifics below or on an add'l sheet. None of the above circumstances represents an automatic bar to employment. Each case is considered and evaluated on individual merits in relation to the duties and responsibilities of the position for which you are applying.

Do you have a NYS Drivers License? Yes ___ No ___ If yes, Class_____ Expiration:_____

Are there any hours of the week when you cannot work? Yes ___ No ___
If yes, please specify: _____

Have you ever applied to this company before? Yes ___ No ___d

Are you available for overtime? Yes ___ No ___ Are you available for holidays? Yes ___ No ___

THE NY STATE HUMAN RIGHTS LAW PROHIBITS DISCRIMINATION IN EMPLOYMENT BECAUSE OF AGE, RACE, CREED, COLOR, NATIONAL ORIGIN, SEX, DISABILITY, MARITAL STATUS, OR CRIMINAL RECORD. ACCORDINGLY, NOTHING IN THIS APPLICATION FORM SHOULD BE VIEWED AS EXPRESSING, DIRECTLY OR INDIRECTLY, ANY LIMITATION, SPECIFICATION, OR DISCRIMINATION AS TO AGE, RACE, CREED, COLOR, NATIONAL ORIGIN, SEX, DISABILITY, MARITAL STATUS, OR CRIMINAL RECORD IN CONNECTION WITH EMPLOYMENT.

THE IMMIGRATION CONTROL AND REFORM ACT OF 1986 REQUIRES THAT EMPLOYERS HIRE ONLY UNITED STATES CITIZENS AND ALIENS LAWFULLY AUTHORIZED TO WORK IN THE UNITED STATES.

Please complete as fully as possible.

Circle highest year of education completed: 1 2 3 4 5 6 7 8 9 10 11 12

Have you graduated from high school? Yes ___ No ___ Name & location:_____

If you have a high school equivalency diploma, indicate issuing government authority, number, and date of issuance:_____

Name of School Location College/Tech	Date of Attendance Month and Year From To	Did you Graduate?	College Credit Received	Type of Degree

LICENSES: (If a license, certificate or other authorization to practice a trade or profession to which you are applying, complete the following question. If not currently licensed, check this box:

Name of Trade or Profession: _____ License No. _____
Specialty: _____ Date License first issued: _____

Registered from: (mth/year) to (mth/year) _____

WORKING EXPERIENCE: Describe in detail below your previous employment. A resume will not be a substitute for completion of this section. A resume may be attached is desired. Omissions or vagueness will not be resolved in your favor.

Length of Employment Company Address City & State

From: Month/Year To: Month/Year			
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Exact Title: _____

Describe Duties:

Name of Supervisor: _____ Supervisors Title: _____
Final Salary: _____ Hrs worked per wk: _____

Reason for leaving: _____

Length of Employment Company Address City & State

From: Month/Year To: Month/Year			
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Exact Title: _____

Describe Duties:

Name of Supervisor: _____ Supervisors Title: _____
Final Salary: _____ Hrs worked per wk: _____

Reason for leaving: _____

Length of Employment Company Address City & State

From: Month/Year To: Month/Year			
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Exact Title: _____

Describe Duties:

Name of Supervisor: _____ Supervisors Title: _____

Final Salary: _____ Hrs worked per wk: _____

Reason for leaving: _____

Length of Employment Company Address City & State

From: Month/Year To: Month/Year			
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Exact Title: _____

Describe Duties:

Name of Supervisor: _____ Supervisors Title: _____

Final Salary: _____ Hrs worked per wk: _____

Reason for leaving: _____

REFERENCES

Give the name of three persons not related to you whom you have known for at least one year.

Name Phone	Address	Years Acquainted
1		
2		
3		

PHYSICAL RECORD

Do you have any physical limitations that preclude you from any work for which you may be considered? Yes No

If yes, please explain: _____

GENERAL INFORMATION

Subjects of special study or research work: _____

Have you ever served in the Armed Forces of the United States? Yes No

APPLICANTS STATEMENT

“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 THE 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 PRIOR NOTICE”.

PRINT NAME SIGNATURE DATE