

EMPLOYMENT APPLICATION

After reading, PLEASE PRINT all information requested. This application will be used solely in connection with your application for employment with this company and for no other purpose without your expressed written permission.

PERSONAL IDENTIFICATION:

REFERRED BY: _____

NAME: _____ Home Phone: _____
Last First MI

PRESENT ADDRESS: _____
Include Street, City, State & Zip Code

PERMANENT ADDRESS: _____
If different then above / Include Street, City, State & Zip Code

ARE YOU 18 YEARS OF AGE OR OVER? YES NO IF NO, DO YOU HAVE WORKING PAPERS? YES NO AGE, IF UNDER 18 _____

DO YOU PRESENTLY HAVE A SOCIAL SECURITY NUMBER? YES NO _____

ARE YOU PREVENTED FROM LAWFUL EMPLOYMENT IN THIS COUNTRY BECAUSE OF VISA OR IMMIGRATION STATUS? YES NO

EMPLOYMENT SOUGHT:

POSITION APPLIED FOR: _____ DATE AVAILABLE TO BEGIN WORK: _____

APPLYING FOR: PART-TIME FULL-TIME EITHER NUMBER OF HOURS DESIRED PER WEEK IF PART TIME: _____

DAYS AND HOURS AVAILABLE FOR WORK: _____

DO YOU KNOW OF ANY RESTRICTIONS, PERSONAL OR OTHERWISE, WHICH WOULD RESTRICT THE HOURS YOU CAN WORK? YES NO

IF YES, EXPLAIN: _____

EDUCATION:

ELEMENTARY HIGH SCHOOL COLLEGE, TRADE, PROFESSIONAL
YEARS OF EDUCATION COMPLETED: (CIRCLE ONE) 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20

NAME, LOCATION OF HIGH SCHOOL: _____ DID YOU GRADUATE? YES NO

NAME, LOCATION OF COLLEGE: _____ DID YOU GRADUATE? YES NO

MAJOR COURSE OF STUDIES: _____ HIGH SCHOOL COLLEGE OR OTHER

IF NOT A HIGH SCHOOL GRADUATE, DO YOU HAVE A G.E.D.? YES NO IF YES, PLACE OBTAINED _____

LIST ANY ADDITIONAL SCHOOL OR TRAINING YOU HAVE TAKEN: _____

U.S. MILITARY:

WERE YOU A MEMBER OF THE U.S. MILITARY? YES NO IF YES, WHAT BRANCH? _____

DATE OF ENTRY: _____ DATE OF DISCHARGE: _____ TYPE OF DISCHARGE: _____
(HONORABLE, GEN..., ETC)

RANK AT DISCHARGE: _____ DUTIES PERFORMED: _____

*NOTE: A DISHONORABLE DISCHARGE IS ONLY ONE OF THE FACTORS CONSIDERED IN EMPLOYMENT AND IS NOT AN AUTOMATIC BAR TO EMPLOYMENT.

EMPLOYMENT HISTORY:

List below all present and past employment, BEGINNING WITH YOUR MOST RECENT. Include all part-time jobs or positions held for only brief periods of time within the past ten years. Attach a separate page if required.

FROM MONTH/YR	NAME & ADDRESS OF EMPLOYER	TYPE OF BUSINESS	POSITION HELD
TO MONTH/YR		SUPERVISOR'S NAME	PAY RATE

REASON FOR LEAVING EMPLOYMENT	POSITION WAS : <input type="checkbox"/> PART-TIME <input type="checkbox"/> FULL-TIME
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FROM MONTH/YR	NAME & ADDRESS OF EMPLOYER	TYPE OF BUSINESS	POSITION HELD
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MISCELLANEOUS:

Have you ever been employed with this company before? YES NO If yes, give dates of employment and position(s) held: _____

Have you applied with this company before? YES NO If yes, approximate date(s) : _____

What special skills or qualifications do you possess? _____

Are you currently employed? YES NO If yes, may we contact your present employer? YES NO If employed, do you have transportation to and from work? YES NO

Have you ever been discharged or asked to resign from a job? YES NO If yes, explain in detail: _____

Have you ever been convicted of a crime (other than minor traffic violations) YES NO If yes, please explain in detail: _____

*NOTE: NO APPLICANT WILL BE EXCLUDED FROM EMPLOYMENT OR EMPLOYMENT CONSIDERATION DUE TO PRIOR ARRESTS OR CONVICTIONS.

PERSONAL REFERENCES:

INDIVIDUAL'S NAME	DO NOT LIST RELATIVES, INDIVIDUALS RESIDING IN YOUR HOUSEHOLD OR PREVIOUS EMPLOYERS	COMPLETE ADDRESS	PHONE	OCCUPATION
/		/	/	/
/		/	/	/
/		/	/	/

THIS COMPANY IS AN EQUAL OPPORTUNITY EMPLOYER AND FOLLOWS NEW YORK HUMAN RIGHTS LAWS AND FEDERAL EQUAL EMPLOYMENT OPPORTUNITY LAWS INCLUDING BUT NOT LIMITED TO PROHIBITING DISCRIMINATION BECAUSE OF RACE, CREED, COLOR, RELIGION, NATIONAL ORIGIN, SEX, MARITAL STATUS, AGE, DISABILITY, ARREST RECORDS AND VIETNAM OR DISABLED VETERAN STATUS.

APPLICANT AGREEMENT:

I hereby represent that each answer to the questions contained herein and all other information furnished is true and correct. I further represent that such answers and information given constitutes a full and complete disclosure of my knowledge with respect to the question(s) or subject(s) to which the answer relates. I understand that incorrect, incomplete or false statements of information furnished by me will subject me to discharge at any time. I hereby authorize the release of any or all information concerning me to include: previous employers records, credit records, and education records and I hereby release any person, firm, government agency supplying information in connection with this form from any and all liabilities and or claims against them. A copy of this form shall be as valid as the original.

I understand that if employed, my employment shall be for no definite period, and may, regardless of the date of payment of wages, be terminated without prior notice, provided such action is not consistent with any bargaining agreement as to "wages" or "conditions of employment".

Applicants Signature

Today's Date