

Application for Employment

Date: _____

Name: _____

Last

First

Middle Initial

Address: _____

Street Address

City

State

Zip Code

Telephone Number: () _____ Cell Phone Number: () _____

Email Address: _____

Are you 18 years of age or older? ____ yes ____ no If not, state your age: _____

If not, do you have the required working papers? ____ yes ____ no

Are you legally eligible to work in the United States? ____ yes ____ no

Have you ever been known by any other names that this company will require to verify any of the information on this application? _____

EMPLOYMENT DESIRED

Position applying for: _____ Date you can start: _____

Salary requested: _____ Full-time ____ Part-time ____ Shift Work ____ Seasonal ____

Are you employed now? ____ If so, may we contact your present employer? _____

Have you ever applied to this company before? ____ Where? ____ When? _____

| Education | Name of School | City, State | Number of Years Attended | Subjects Studied or Degree(s) Obtained |
|-------------------------------------|----------------|-------------|--------------------------|--|
| High School | | | | |
| College | | | | |
| Trade, Business or Technical School | | | | |

Subjects of special study, certifications, licenses, endorsements or research work:

U. S Military Service (optional): _____ Rank: _____

Other training or skills (manufacturing or office machines operated, special courses, computer skills, etc.)

We are an Equal Opportunity Employment company. We are dedicated to a policy of non-discrimination in employment on any basis including race, creed, color, age, sex, sexual orientation, national origin, disability, marital status, military status, genetic predisposition or arrest and conviction records. The New York State Human Rights Law prohibits discrimination based on an applicant's military service in the Armed Forces of the United States or a State Militia.

EMPLOYMENT HISTORY

Former Employment: (List employers, starting with the current or most recent. Explain all gaps in time of employment.)

Company Name: _____ **Job Title:** _____

Address: _____

Number Street City State Zip Code

Telephone Number () _____

Start Date: ____/____/____ **End Date:** ____/____/____

Detailed Job Duties: _____

Reason for Leaving: _____

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Reason for Leaving: _____

REFERENCES: Give names of three persons not related to you, whom you have known at least one year.

| Name | Address & Telephone number | Business | Years Acquainted |
|-------------|---------------------------------------|-----------------|-------------------------|
| 1. | | | |
| 2. | | | |
| 3. | | | |

I hereby give authorization to check the references given in this application. I understand that misrepresentation or omission of facts called for will not be interpreted in my favor.

Signature

Date