

What is your desired salary or hourly rate of pay? \$ Per

711 West Ave, Rochester, NY 14611 Phone: 888.787.4766 Fax: 585.436.8172

Application for Employment
Date_____/____/_____

Personal Information Address ______ Home Phone (_____) _____ Mobile/Other Phone (_____) ____ Email_____ Are you a U.S. citizen or do you have the legal right to remain in the U.S., and are you authorized to work in the U.S. on an unrestricted basis? (You may be required to provide documentation) O Yes O No If under 18, can you furnish a work permit if requested? O Yes O No **Employment Desired** Office Position(s) applied for Production Position(s) applied for______ O Machine Operator O Painter O Production Assembler O Welder O Shipping and Receiving Type of employment desired: O Full-Time O Flexible/Seasonal O Internship/Co-Op How did you hear about this position? O Walk-in O Friend/Employee Advertisement O Company Website School O Other Have you ever applied for employment here, or been employed here before? O Yes O No If applied previously, please provide date(s), position(s), and name (if different)________ If previously employed here, From -- If the position requires it, are you willing to work overtime? 0 Yes O No What date can you start____/___/

This question is not to elicit information about any disabilities you may hav accommodation, or whether accommodation is necessary. These issues may			ce of a disability, particular
O Yes	•		
O No			
O Need more information about the job's	"essential duties" to resp	ond	
Employment History (list most recent	: employer first)		
Employer	Phone	From	То
Address	May we Contact	Salary	
Name and Title of Immediate Supervisor	Bonus/commission/Othe	er Compensation	
Responsibilities		Position	
Reason for leaving			
What did you like most about your position or employer?			
What did you like least about your position or employer?			
Complexes	Phone	From	To
Employer	Phone	From	То
Address	May we Contact	Salary	
Name and Title of Immediate Supervisor		Bonus/commission/Other Compensation	
Responsibilities		Position	
Reason for leaving			
What did you like most about your position or employer?			
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Employer	Phone	From	То
Address	May we Contact:	Salary	
Name and Title of Immediate Supervisor		Bonus/commission/Othe	r Compensation
esponsibilities		Position	
Reason for leaving			
What did you like most about your position or employer?			
What did you like least about your position or employer?			
Explain gaps in your employment, except those due to disabi	lity, injury, or personal illnes	s	

Can you perform the essential duties of the job in which you wish to be employed, with or without accommodation?

Education

School	Years Completed	Degree	GPA/Class Rank	Major/Minor
Name Address		O Diploma/GED O Degree O Certification O Other		
Name Address		O Diploma/GED O Degree O Certification O Other		
Name Address		O Diploma/GED O Degree O Certification O Other		
Skills and Qualifications List special training, skills, licenses, or certifications	ations pertinent to the positio	on for which you are	e applying	
List your computer and/or software skills: (ch O Microsoft Office O Other	YearsO	CAD or Design		Years
O Other	etc.) that you belong to which sex, sexual preference, race, color, r	n are pertinent to t	ne position yo	u are applying for
List accomplishments publications awards en Do not include memberships that would reveal religion, disabilities, veteran/reserve, National Guard, or any oth	sex, sexual preference, race, color, r			r age, mental or physical
Is there any other job-related information yo	u want us to know about you <u>´</u>	?		
Have you ever pled no contest or guilty to, or charge pending against you? Answering yes does not necessarily result in being it occurred, demonstrated rehabilitation, and the poson No	barred from employment. Other f	actors, for example: the	•	

If yes, please provide dates and details______

References

Name	Title	Relationship to You		Phone #	Number of Years Known
			()	
			()	
			()	

Applicant and Application 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 the application shall be grounds for dismissal.

I authorize investigation of all statements contained herein and the references and employers 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 the company from all liability for any damage that may result from utilization of such information.

I also understand and agree that no representative of the company has any authority to enter into any agreement for employment for any specified period of time, or to make any agreement contrary to the foregoing, unless it is in writing and signed by an authorized company representative."

		DO NOT WRI	TE BELOW THIS LINE		
IARKS					
EATNESS			CHARACTER		
EATNESS ERSONALITY			CHARACTER		
RSONALITY	LOD DEDT	POSITION	ABILITY	L CALADY WACES	
	FOR DEPT.	POSITION		SALARY WAGES	
RSONALITY	FOR DEPT.	POSITION	ABILITY	SALARY WAGES	