

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?			
		1	
Employer	Phone	From	То
Address	May we Contact	Salary	
Name and Title of Immediate Supervisor		Bonus/commission/Othe	er Compensation
Responsibilities		Position	
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Address	May we Contact:	Salary	
Name and Title of Immediate Supervisor		Bonus/commission/Othe	r 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?			
Explain gaps in your employment, except those due to disabi	lity, injury, or personal illnes	Ss	

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	5		
ist special training, skills, licenses, or	certifications pertinent to t	the position for which you are applyin	g
ist your computer and/or software sk	ills: (check appropriate box	kes and include software titles and ye	ars of experience)
O Microsoft Office	Years	O CAD or Design	Years
		O Other	
disabilities, veteran/reserve, National Guard, or	any other protected status		
List accomplishments publications aw Do not include memberships that would reveal disabilities, veteran/reserve, National Guard, or	religion, sex, sexual preference, i	. , , , ,	ip, your age, mental or physical
Is there any other job-related informa	ion you want us to know a	about you?	
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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	