

Application for Employment

Notice to applicants: Federal and state law requires that all applications be considered without regard to race, religion, sex, age, or origin. We believe in and fully support the principle of equal employment opportunity and will fulfill our obligation to the fullest

Personal Data

Name: _____ Social Security #: _____

Permanent Address _____ How long? _____

Previous Address _____ How long? _____

Phone number _____ Referred by _____

Are you 18 years of age or older? Yes No

Position applied for: _____ Date you can start _____

Full time Part time Hours you can work – M-F _____ Sat/Sun _____

Salary desired _____ How did you hear of opening _____

Are you employed now? No Yes – May we contact your employer? Yes No

Do you speak any foreign language fluently? No Yes - Please list _____

Have you ever been convicted of a crime in the past 10 years (Including Traffic Violations)? No Yes – Explain _____

Do you have any physical handicaps preventing you from doing certain types of work?
 No Yes – Explain _____

Have you had any serious illness in the past 5 years? No Yes

If yes, explain _____

Education

High school _____ Did you graduate? Yes No

College _____ Did you graduate? Yes No

Major / Degree _____ Favorite Class _____

List any other education, schools, or job skills (BOCES, trade, military, computer, etc)

Employment History - List in reverse order beginning with present employer:

Employer: _____
Name of Supervisor: _____
Telephone Number: _____
Business Type: _____
Address: _____
City, state, zip: _____

Length of Employment (Include Dates): _____
Position & Duties: _____
Reason for Leaving: _____
May we contact this employer for references? [] Y or [] N

Employer: _____
Name of Supervisor: _____
Telephone Number: _____
Business Type: _____
Address: _____
City, state, zip: _____

Length of Employment (Include Dates): _____
Position & Duties: _____
Reason for Leaving: _____
May we contact this employer for references? [] Y or [] N

Employer: _____
Name of Supervisor: _____
Telephone Number: _____
Business Type: _____
Address: _____
City, state, zip: _____

Length of Employment (Include Dates): _____
Position & Duties: _____
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Employer: _____
Name of Supervisor: _____
Telephone Number: _____
Business Type: _____
Address: _____
City, state, zip: _____

Length of Employment (Include Dates): _____
Position & Duties: _____
Reason for Leaving: _____
May we contact this employer for references? [] Y or [] N

List below three persons who have knowledge of your work performance within the last four years. Please include professional references only.

Name - First, Last: _____
Telephone Number: _____
Address: _____
City, state, zip: _____
Occupation: _____
Number of Years Acquainted: _____

Name - First, Last: _____
Telephone Number: _____
Address: _____
City, state, zip: _____
Occupation: _____
Number of Years Acquainted: _____

Name - First, Last: _____
Telephone Number: _____
Address: _____
City, state, zip: _____
Occupation: _____
Number of Years Acquainted: _____

Please Read and Initial Each Paragraph, then Sign Below

I certify that I have not purposely withheld any information that might adversely affect my chances for hiring. I attest to the fact that the answers given by me are true & correct to the best of my knowledge and ability. I understand that any omission (including any misstatement) of material fact on this application or on any document used to secure can be grounds for rejection of application or, if I am employed by this company, terms for my immediate expulsion from the company.

I understand that if I am employed, my employment is not definite and can be terminated at any time either with or without prior notice, and by either me or the company.

I permit the company to examine my references, record of employment, education record, and any other information I have provided. I authorize the references I have listed to disclose any information related to my work record and my professional experiences with them, without giving me prior notice of such disclosure. In addition, I release the company, my former employers & all other persons, corporations, partnerships & associations from any & all claims, demands or liabilities arising out of or in any way related to such examination or revelation.

This is a release form to allow Paine's Garage to obtain consumer report information about you as part of our background research. By signing this form, you are authorizing and giving your full consent to Paine's Garage to obtain and review this information.

Applicant's Printed Name

Applicant's Social Security #

Applicant's Signature

Date