

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:

1 Company name Address City State & Zip **2** Contact & Phone Number
3 Position / Title **4** Dates of employment **5** Salary begin/end **6** Reason for leaving

1 _____

2 _____

3 _____

4 From _____ To _____

5 Start \$ _____ End \$ _____

6 _____

1 _____

2 _____

3 _____

4 From _____ To _____

5 Start \$ _____ End \$ _____

6 _____

1 _____

2 _____

3 _____

4 From _____ To _____

5 Start \$ _____ End \$ _____

6 _____

1 _____

2 _____

3 _____

4 From _____ To _____

5 Start \$ _____ End \$ _____

6 _____

May we check your references? Yes No

I attest, under penalty of perjury, that the above information is true and correct, to the best of my knowledge. Signature _____ Date _____

Disclosure

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