



Application for Employment

5829 County Rd 41, Farmington, NY 14425
1 Keuka Business Park, Penn Yan, NY 14527

We do not discriminate on the bases of race, color, religion, national origin, sexual orientation, age, or disability. It is our intention that all qualified applicants be given equal opportunity and that selection decisions be based on job-related factors.

Each question should be answered fully and accurately. No action can be taken on this application until all questions have been answered. PLEASE PRINT, except for signature at the end of this application. In reading and answering the following questions, be aware that none of the questions are intended to imply illegal preferences or discrimination based upon non-job-related information.

Position(s)/ Location applied for _____ Date of application ____/____/____

Name _____ Social Security # ____ - ____ - ____
Last First Middle

Address _____
Street City State Zip Code

Telephone #(____) _____ Mobile/Beeper/Other Phone #(____) _____ E-mail address _____

Are you seeking: Full time ____ Part time ____ Temp ____ When can you start? _____
Desired Salary Range? _____

Are you 18 years of age or older? Yes ____ No ____ If you are hired you may be required to submit proof of age.

If hired, can you furnish proof you are eligible to work in the U.S.? Yes ____ No ____

Referral source (Please check the appropriate category and name the source.)

<input type="checkbox"/>	Walk in	<input type="checkbox"/>	School	<input type="checkbox"/>
<input type="checkbox"/>	Employee	<input type="checkbox"/>	Staffing Agency	<input type="checkbox"/>
<input type="checkbox"/>	Advertisement	<input type="checkbox"/>	NYSDOL	<input type="checkbox"/>
<input type="checkbox"/>	Company Website	<input type="checkbox"/>	Employment Agency	<input type="checkbox"/>
<input type="checkbox"/>	Other Internet	<input type="checkbox"/>	Other	<input type="checkbox"/>

Have you submitted an application here before? Yes ___ No ___ If yes, give date(s) and position: _____

Have you been employed here before? Yes ___ No ___ If yes, give date(s): _____

Have you ever pled "guilty" or "no contest" to, or been convicted of any law violation (except speeding or parking violations) Yes ___ No ___

If yes, give details _____

(Answering "yes" does not constitute an automatic bar to employment. Factors such as date of the offense, seriousness and nature of the offense, rehabilitations and position applied for will be taken into account.)

Are you now or do you expect to be engaged in any other business or employment? Yes ___ No ___

If yes, please explain _____

Will you work overtime if required? Yes ___ No ___ If no, please explain _____

For driving jobs Only: Do you have a valid driver's license? Yes ___ No ___

Driver's License Number _____ Class of License _____ State _____

Have you had your driver's license suspended or revoked in the last 3 years? Yes ___ No ___

If yes, give details _____

Employment History List names of employers in consecutive order with present or last employer listed first. Account for all periods of time including military service and any periods of unemployment. If self-employed, give firm name and supply business references. PLEASE GIVE MONTH AND YEAR.

Name of Employer:	Job Title(s) and Duties
Address:	Dates of Employment: From _____ To _____
City, State, Zip Code:	Pay: Start \$ _____ Final \$ _____
Supervisor _____ Telephone _____	Reason for Leaving _____

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Explain any gaps in your employment, other than those due to personal illness, injury or disability.

Have you worked under any other name? Yes ___ No ___ **If yes**, give name(s) _____

Are you presently employed? Yes ___ No ___ **If yes**, may we contact your present employer? Yes ___ No ___

Have you ever been fired from a job or asked to resign? Yes ___ No ___

If yes, please explain _____

Related Information

List special accomplishments, publications, awards, etc. *Exclude information that would reveal race, color, religion, sex, national origin, citizenship, age, mental or physical disabilities, veteran/reserve national guard or any other similarly protected status.* _____

Educational Background Starting with your most recent school attended, provide the following information.

School (include City and State)	Years Completed	Diploma, Degree or Certificate	GPA or Class Rank	Major/Minor
		___ Diploma ___ GED ___ Degree ___ Certification		
		___ Diploma ___ GED ___ Degree ___ Certification		
		___ Diploma ___ GED ___ Degree ___ Certification		

Skills and Qualifications Summarize any special training, skills, licenses and/or certifications that may assist you in performing the position for which you are applying.

Computer Skills (Check appropriate boxes. Include software titles and years of experience.)				
Word Processing	Years	E-mail	Years	
Spreadsheet	Years	Internet	Years	
Database	Years	Presentation	Years	
Other	Years	Other	Years	

Manufacturing Skills (Check any of the following skills that you possess, equipment you are qualified to operate, and number of years experience.)				
Chemical	Years	Construction	Years	
Electronic	Years	Soldering	Years	
Hand Crimping	Years	Read blueprints/drawings	Years	
Heavy Equipment	Years	Light Equipment	Years	
Other	Years	Other	Years	

References List name and telephone number of three (3) business/work references that are *not* related to you and are *not* previous supervisors. If not applicable, list three (3) school or personal references that are *not* related to you.

Name	Title	Relationship to You	Telephone	Number of years known

Applicant Statement PLEASE READ EACH STATEMENT CAREFULLY BEFORE SIGNING.

I certify that all information provided in this employment application is true and complete. I understand that any false information or omission may disqualify me from further consideration for employment and may result in my dismissal if discovered at a later date.

I authorize and agree to cooperate in a thorough investigation of all statements made herein and other matters relating to my background and qualifications. I understand that any investigation conducted may include a request for employment and educational history, credit reports, consumer reports, investigative consumer reports, driving record, and criminal history. I authorize any person, school, current or former employer, consumer reporting agency, and any other organizations or agency to provide information relevant to such investigation and I hereby release all persons and corporations requesting or supplying information pursuant to such investigation from all liability or responsibility to me for doing so. I understand that I have the right to make a written request within a reasonable period of time for complete disclosure of the nature and scope of any investigation. I further authorize any physician or hospital to release any information which may be necessary to determine my ability to perform the job for which I am being considered or any future job in the event that I am hired.

I understand I may be required to successfully pass a drug-screening examination. I hereby consent to a pre-and/or post-employment drug screen as a condition of being hired or of my continued employment, if required.

I understand that this application or subsequent employment does not create a contract of employment or guarantee employment for any definite period of time. If employed, I understand that I am free to resign at any time, with or without cause and with or without prior notice, and that the employer reserves the same right to terminate my employment at any time, with or without cause and with or without notice, except as may be required by law. I understand that this application or subsequent employment does not create a contract of employment nor guarantee employment for any definite period of time.

I understand that this application remains current for 30 days. At the conclusion of that time, if I have not heard from the employer and still wish to be considered for employment, it will be necessary for me to reapply and fill out a new application.

I also understand that if I am hired, I will be required to provide proof of identity and legal authorization to work in the United States and that federal immigration laws require me to complete an I-9 Form in this regard.

I certify that I have read, and fully understand and accept all terms of the forgoing Applicant Statement.

Signature of Applicant _____ **Date** _____