Employment Application to be submitted with resume.

Qualified applicants receive equal consideration. No question is asked for the purpose of excluding any applicant due to race, color, national origin, religion, age, sex, disability, veteran status, or any other characteristic protected under local, state or federal law. WE ARE AN EQUAL OPPORTUNITY EMPLOYER.

APPLICANT INFORMATION							
Last Name				M.I.			
Street Address	Apartment/Unit #						
City	State NY		Zip				
Phone	E-mail	E-mail Address					
Social Security No.	Date Available		Desired Salary				
Position Applied for							
Do you wish to work: Part Time Full Time							
Are you a citizen of the United States? YES \square NO \square If no, are you authorized to work in the U.S.? YES \square NO \square Note: You will be required to furnish documents to verify your eligibility for employment in accordance with the Immigration Reform and Control Act and your employment is contingent upon furnishing such documents.							
Are you at least 18 years of age? YES NO							
Have you ever worked for this company? YES \(\square\) NO \(\square\) If so, when?							
Have you ever been convicted of a crime or are there any pending charges against you? Note: A conviction does not automatically bar you from employment							
YES NO If yes, include details							
If you are an experienced operator of any office machines or equipment, please list:							
Do you have any other skills you wish to mention _							
Are you presently employed? YES \(\square\) NO \(\square\)	If so, m	nay we contact your present	employer? YES	NO 🗌			
What source led you to make application with us? Indeed.com							

EDUCATION						
_			Address Central Avenue Lancaster NY			
From	То	Did you graduate?		O Degree		
College			Address			
From	То	Did you graduate?	YES NC	Degree		
Other			Address			
From	То	Did you graduate?	YES N	Degree Degree		
MILITARY SE	RVICE					
Branch			Fr	om To		
Rank at dischar	ge		Type of discharge			
If other than ho	norable, expla	in				
Skills acquired						
EMPLOYMENT						
Please list your <u>complete</u> employment history. List present or most recent employer first. Use an additional page, if necessary.						
Employer :				Phone		
Address				Supervisor		
Job Title						
Responsibilities Retail sales, customer service, mail acceptance and distribution, and mail delivery.						
From	То	Reason for Leavi	ing			
May we contact your previous supervisor for a reference? YES \square NO \square						
Employer				Phone		
Address			Supervisor			
Job Title						
Responsibilities						
From	То	Reason for Leavi	ing			

EMPLOYMEN	T HISTORY CON	TINUED			
Employer			Phone ()	
Address			Supervisor		
Job Title			1		
Responsibilities	5				
From	То	Reason for Leaving			
May we contac	ct your previous su	pervisor for a reference? YES	□ NO □		
	,				
REFERENCES	S				
Please list thre	ee professional ret	ferences.			
Full Name			Relationship		
Company / Occupation			Phone		
Address					
Full Name			Relationship		
Company / Occupation			Phone		
Address					
Full Name			Relationship		
Company / Occupation			Phone		
Address					
DISCI AIMER	AND SIGNATUR)F			
			ns and stateme	nts are true and correct to the best of my	
-	_			any shall not be held liable in any respect if	
my employmer	nt is rejected or s	ubsequently terminated because	of false stateme	ents, answers or omissions made by me ir	
this application	n. I understand th	at any misleading or incorrect sta	tements may rei	nder this applications void, and if employed	
may lead to en	nployment termina	ation. I understand that a medica	l examination ba	ased on the requirements of the position for	
which I am be	ing considered ma	ay be required, and drug testing	may be included	l as part of the regular pre-employmen	
			· ·	rsons named above to give any information	
-				reby voluntarily and knowingly fully release	
				or persons from any and all liability for any	
				closure of derogatory facts concerning m	
employment made for the express purpose of preventing me from obtaining employment, which the party disclosing suc facts knows to be untrue. In consideration of my employment, I agree to conform to the rules and regulations of th					
			-	_	
		nd compensation can be terminat employer or myself.	eu with or witht	out cause and with or without notice, at any	
and, at the op	action of citation filly (

Date

Signature