



4 Leonard Way  
Deposit, NY 13754  
607-467-3100

# Application for Employment

Please Print Legibly

Position(s) applied for \_\_\_\_\_ Date of application \_\_\_\_/\_\_\_\_/\_\_\_\_

Name \_\_\_\_\_  
LAST FIRST MIDDLE

Address \_\_\_\_\_  
STREET CITY STATE ZIP

Telephone # (\_\_\_\_) \_\_\_\_\_ Cell/Other # (\_\_\_\_) \_\_\_\_\_ E-mail \_\_\_\_\_

Referral Source (How did you hear about us?) \_\_\_\_\_

If you are under 18 and it is required, can you furnish a work permit? .....  Yes  No

If **no**, please explain: \_\_\_\_\_

Have you ever been employed here before? .....  Yes  No

If **yes**, give dates and positions: \_\_\_\_\_

Is this application a request for reemployment following an extended military leave of absence from this company?...  Yes  No

If **yes**, additional information may be requested.

Are you legally eligible for employment in this country? .....  Yes  No

Date available for work \_\_\_\_/\_\_\_\_/\_\_\_\_ What is your desired salary range? \$ \_\_\_\_\_

Type of employment desired:  Full-Time  Part-Time  Temporary  Seasonal  Educational Co-Op

## Employment History

Starting with your most recent employer, provide the following information.

Employer	Telephone #	Dates employed: Month / Year to Month / Year
Street address	City State	Compensation (Starting)
Starting job title/final job title		<input type="checkbox"/> Hourly <input type="checkbox"/> Salary \$ _____ per
Immediate supervisor and title (for most recent position held)	May we contact for reference? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Later	Commission/Bonus/Other Compensation \$ _____
Why did you leave?	E-mail:	Compensation (Final)
Summarize the type of work performed and job responsibilities		<input type="checkbox"/> Hourly <input type="checkbox"/> Salary \$ _____ per
		Commission/Bonus/Other Compensation \$ _____
Employer	Telephone #	Dates employed: Month / Year to Month / Year
Street address	City State	Compensation (Starting)
Starting job title/final job title		<input type="checkbox"/> Hourly <input type="checkbox"/> Salary \$ _____ per
Immediate supervisor and title (for most recent position held)	May we contact for reference? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Later	Commission/Bonus/Other Compensation \$ _____
Why did you leave?	E-mail:	Compensation (Final)
Summarize the type of work performed and job responsibilities		<input type="checkbox"/> Hourly <input type="checkbox"/> Salary \$ _____ per
		Commission/Bonus/Other Compensation \$ _____
Employer	Telephone #	Dates employed: Month / Year to Month / Year
Street address	City State	Compensation (Starting)
Starting job title/final job title		<input type="checkbox"/> Hourly <input type="checkbox"/> Salary \$ _____ per
Immediate supervisor and title (for most recent position held)	May we contact for reference? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Later	Commission/Bonus/Other Compensation \$ _____
Why did you leave?	E-mail:	Compensation (Final)
Summarize the type of work performed and job responsibilities		<input type="checkbox"/> Hourly <input type="checkbox"/> Salary \$ _____ per
		Commission/Bonus/Other Compensation \$ _____

