



Office: 2000 Commerce Parkway, Lancaster, NY 14086

716.683.9500 Fax: 716.683.9200

In compliance with Federal and State equal employment opportunity laws, qualified applicants are considered for all positions without regard to race, color, religion, sex, national origin, age, marital status, or the presence of a non-job related medical condition or handicap.

Date of Application \_\_\_/\_\_\_/\_\_\_ Position (s) Applied for \_\_\_\_\_  
Construction / Service / Office / Warehouse / Retail

Name \_\_\_\_\_  
Last First Middle

Address: \_\_\_\_\_  
STREET CITY STATE ZIP CODE

Home Phone: \_\_\_\_\_ Cell# \_\_\_\_\_ Emergency Phone No. \_\_\_\_\_

Previous Address \_\_\_\_\_ How Long \_\_\_\_\_  
STREET CITY STATE ZIP

\_\_\_\_\_ How Long \_\_\_\_\_  
STREET CITY STATE ZIP

In case of an emergency notify \_\_\_\_\_  
NAME ADDRESS RELATIONSHIP PHONE#

Have you ever worked for this company before? \_\_\_\_\_ If so, when? \_\_\_\_\_

Rates: From \_\_\_\_\_ to \_\_\_\_\_ Rate of Pay \_\_\_\_\_ Position (s) \_\_\_\_\_

Supervisor \_\_\_\_\_ Reason for Leaving \_\_\_\_\_

Are you currently employed? \_\_\_\_\_ In not, how long since leaving last employment? \_\_\_\_\_

Rate of pay expected \_\_\_\_\_ If referred, by whom \_\_\_\_\_ Title \_\_\_\_\_

**EXPERIENCE AND QUALIFICATIONS – Other**

List any special qualifications and training that you have, which may help in your work for this company: \_\_\_\_\_

**Note: SUITABLE WORK BOOTS REQUIRED IF WORKING IN THE FIELD**

**DRIVERS LICENSE INFORMATION**

License Number \_\_\_\_\_ Class \_\_\_\_\_ State \_\_\_\_\_ Expires \_\_\_\_/\_\_\_\_

Drivers License Endorsements: \_\_\_\_\_ Drivers License Restrictions \_\_\_\_\_

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**EMPLOYMENT HISTORY**

Present Employer: Name: \_\_\_\_\_

Address: \_\_\_\_\_ Phone \_\_\_\_\_

Position: \_\_\_\_\_ Supervisor's Name \_\_\_\_\_ From \_\_\_\_\_ to Present

Reasons for seeking other employment \_\_\_\_\_ Wage Per Hour: \_\_\_\_\_

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Last Employer: Name \_\_\_\_\_

Address: \_\_\_\_\_ Phone \_\_\_\_\_

Position: \_\_\_\_\_ Supervisor's Name \_\_\_\_\_ From \_\_\_\_\_ To \_\_\_\_\_

Reasons for seeking other employment \_\_\_\_\_ Wage Per Hour \_\_\_\_\_

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Second Last Employer: Name \_\_\_\_\_

Address: \_\_\_\_\_ Phone \_\_\_\_\_

Position: \_\_\_\_\_ Supervisor's Name \_\_\_\_\_ From \_\_\_\_\_ To \_\_\_\_\_

Reasons for seeking other employment \_\_\_\_\_ Wage Per Hour \_\_\_\_\_

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**EDUCATION**

Circle the Highest Grade Completed: 1 2 3 4 5 6 7 8 High School: 1 2 3 4 College: 1 2 3 4

Last School Attended \_\_\_\_\_  
NAME CITY STATE ZIP

**Please Note:** This is a drug free workplace. We require drug screening before employment. You must be able to pass a drug test.

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**TO BE READ AND SIGNED BY APPLICANT**

This certifies that this application was completed by me, and that all entries on it and information in it are true and complete to the best of my knowledge. In the event of employment, I understand that false information given on my application may result in discharge.

**Date:** \_\_\_\_\_

**Applicant' Signature** \_\_\_\_\_