



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 _____ Email _____
 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? _____ If 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

EMPLOYMENT HISTORY

Present Employer: Name: _____

Address: _____ Phone _____

Position: _____ Supervisor's Name _____ From _____ to Present

Reasons for seeking other employment _____ Wage Per Hour: _____

Last Employer: Name _____

Address: _____ Phone _____

Position: _____ Supervisor's Name _____ From _____ To _____

Reasons for seeking other employment _____ Wage Per Hour _____

Second Last Employer: Name _____

Address: _____ Phone _____

Position: _____ Supervisor's Name _____ From _____ To _____

Reasons for seeking other employment _____ Wage Per Hour _____

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.

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 _____