

APPLICATION FOR EMPLOYMENT MODERN CORPORATION

4746 Model City Road
Model City, NY 14107-0209



PERSONAL HISTORY

Last Name	First Name	MI	Date
Street Address			Home Phone [] -
City, State, Zip Code			Alternate Phone [] -
Have you ever applied for employment with us? <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes: Month and Year Location			
Are you 18 or over? <input type="checkbox"/> Yes <input type="checkbox"/> No Do you have working papers? <input type="checkbox"/> Yes <input type="checkbox"/> No			
Position Desired			Pay Expected
Apart from absence for religious observance, are you available for full-time work? <input type="checkbox"/> Yes <input type="checkbox"/> No If not, what hours can you work?			Will you work overtime if asked? <input type="checkbox"/> Yes <input type="checkbox"/> No
Are you legally eligible for employment in the United States? Proof of citizenship or immigration status will be required upon employment.			When will you be available to begin work?
Other special training or skills (languages, machine operations, etc.)			
How did you learn of our organization?			

EDUCATIONAL HISTORY

SCHOOL	NAME AND LOCATION OF SCHOOL	COURSE OF STUDY	DID YOU GRADUATE?	DEGREE OR DIPLOMA
College				
High				
Elementary				
Other Includes Trade/technical Schools				

**Is there another name we need to know to check on your informational services?
If so please list here.** _____

Prospective employees will receive consideration without discrimination because of race, creed, color, sex, age, national origin, handicap or veteran status.

(Driver applicants complete this page: Others need only sign at bottom)

Have you ever been known by any name other than the one on this application? Yes No

Name: _____

LICENSES

State	License No.	Type	Expiration

Have you ever been denied a license, permit or privilege to operate a motor vehicle?

Have you ever had any license, permit, or privilege suspended or revoked?

If you answered YES to either of the above questions, attach statement giving details. _____

States operated in for last five years: _____

Special courses or training that will help you as a driver: _____

List any driving awards you hold and from whom: _____

DRIVING EXPERIENCE

Equipment Classification	Equipment Type (Van, Tank, Flat, etc.)	From	To	Approx. No of Miles (Total)
Straight Truck				
Tractor & Semi Truck				
Special Equipment				
Other				

TRANSMISSIONS USED (please indicate how many years/months experience)

Wet Clutch _____ Dry Clutch _____ Automatic _____ 5 Speed _____ 10 Speed _____ 13 Speed _____

ACCIDENT RECORD FOR PAST THREE YEARS OR MORE (List most recent first. Attach sheet if more space is needed)

Date	Nature of Accident	Property Damage (Head-on, Rear-end, etc.)	Fatalities	Injuries

TRAFFIC CONVICTIONS AND FORFEITURES FOR PAST THREE YEARS (Other than parking violations)

Date	Location	Charge	Penalty

TO BE READ AND SIGNED BY APPLICANT

I understand that any misrepresentation of information given above shall be considered an act of dishonesty. I understand that the employer or his agents may investigate my background to ascertain any and all information of concern to my record, whether name is of record or not, and I release employers and all persons named herein from all liability for any damages pursuant of their furnishing such information. I agree to furnish such additional information and complete such conditions as may be required to complete my employment file. I understand that this application for employment in no way obligates the employer to hire me. I understand that if hired, I may be on a probationary period during which time I may be discharged without recourse. I declare 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.

Date _____

Signature _____

EMPLOYMENT HISTORY

Please give accurate, complete full-time and part-time employment record. Start with present or most recent employer.

1	Company Name	Telephone [] -
	Address	Employed (State Month and Year) From To
	Name of Supervisor	Weekly Pay Start Last
	State Job Title and Describe Your Work	Reason for Leaving
	May we contact for references? <input type="checkbox"/> Yes <input type="checkbox"/> No If no, state reason below.	
2	Company Name	Telephone [] -
	Address	Employed (State Month and Year) From To
	Name of Supervisor	Weekly Pay Start Last
	State Job Title and Describe Your Work	Reason for Leaving
	May we contact for references? <input type="checkbox"/> Yes <input type="checkbox"/> No If no, state reason below.	
3	Company Name	Telephone [] -
	Address	Employed (State Month and Year) From To
	Name of Supervisor	Weekly Pay Start Last
	State Job Title and Describe Your Work	Reason for Leaving
	May we contact for references? <input type="checkbox"/> Yes <input type="checkbox"/> No If no, state reason below.	
4	Company Name	Telephone [] -
	Address	Employed (State Month and Year) From To
	Name of Supervisor	Weekly Pay Start Last
	State Job Title and Describe Your Work	Reason for Leaving
	May we contact for references? <input type="checkbox"/> Yes <input type="checkbox"/> No If no, state reason below.	
5	Company Name	Telephone [] -
	Address	Employed (State Month and Year) From To
	Name of Supervisor	Weekly Pay Start Last
	State Job Title and Describe Your Work	Reason for Leaving
	May we contact for references? <input type="checkbox"/> Yes <input type="checkbox"/> No If no, state reason below.	

<p><i>We may contact the employers listed above unless you indicate otherwise.</i></p>	<p><u>DO NOT CONTACT</u></p> <p>Employer(s) Number []</p> <p>Employer(s) Number []</p> <p>Reason</p>
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MILITARY

COMPLETE THIS SECTION IF YOU SERVED IN THE U.S. ARMED FORCES	Branch of Service
Describe your duties and any special training	Period of Active Duty (Month & Year)
	Rank at time of Discharge
	Date of Final Discharge

DO NOT ANSWER ANY QUESTIONS IN THIS SECTION UNLESS THE BOX IS CHECKED

If the employer has checked the box next to the question, the information requested is needed for a legally permissible reason, including without limitation, national security considerations, a legitimate occupational qualification or business necessity. The Civil Rights Act of 1964, prohibits discrimination in employment because of race, color, religion, sex or national origin. Federal law also prohibits discrimination on the basis of age with respect to certain individuals. The laws of most States, also prohibit some or all of the above types of discrimination, in addition to those based on ancestry, marital status, physical or mental handicap or disability.

<input type="checkbox"/>	Provide dates you attended school: <table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 45%;">Elementary:</td> <td style="width: 10%; text-align: center;">From</td> <td style="width: 10%;"></td> <td style="width: 10%; text-align: center;">To</td> <td style="width: 15%;"></td> <td style="width: 10%;"><input type="checkbox"/> Height ____Ft. ____In.</td> </tr> <tr> <td>High:</td> <td style="text-align: center;">From</td> <td></td> <td style="text-align: center;">To</td> <td></td> <td><input type="checkbox"/> Weight ____Lbs.</td> </tr> <tr> <td>College:</td> <td style="text-align: center;">From</td> <td></td> <td style="text-align: center;">To</td> <td></td> <td style="text-align: center;">Sex <input type="checkbox"/> Male <input type="checkbox"/> Female</td> </tr> <tr> <td>Other (name and address)</td> <td colspan="4"></td> <td></td> </tr> </table>	Elementary:	From		To		<input type="checkbox"/> Height ____Ft. ____In.	High:	From		To		<input type="checkbox"/> Weight ____Lbs.	College:	From		To		Sex <input type="checkbox"/> Male <input type="checkbox"/> Female	Other (name and address)						
Elementary:	From		To		<input type="checkbox"/> Height ____Ft. ____In.																					
High:	From		To		<input type="checkbox"/> Weight ____Lbs.																					
College:	From		To		Sex <input type="checkbox"/> Male <input type="checkbox"/> Female																					
Other (name and address)																										
<input type="checkbox"/>	What was your previous address? Are you over 18 year of age? <input type="checkbox"/> Yes <input type="checkbox"/> No If not, employment is subject to verification of minimum legal age.	<input type="checkbox"/> How long at present address? <input type="checkbox"/> How long at previous address? ____Years ____Months																								
<input type="checkbox"/>	Have you ever been bonded? <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, with what employer(s)?																									
<input type="checkbox"/>	Have you been convicted of a crime in the past ten years, excluding misdemeanors and summary offenses, which has not been annulled, expunged or sealed by a court? <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, describe in full.																									
<input type="checkbox"/>	State names of relatives and friends working for us.																									
<input type="checkbox"/>																										
<input type="checkbox"/>																										
<input type="checkbox"/>																										

The information provided in this Application for Employment is true, correct, and complete. If employed, any misstatement or omission of fact on this application may result in my dismissal. I understand that acceptance of an offer of employment does not create a contractual obligation upon the employer to continue to employ me in the future. If you decide to engage an investigative consumer reporting agency to report on my credit and personal history, I authorize you to do so. If a report is obtained you must provide, at my request, the name and address of the agency so I may obtain from them the nature and substance of the information contained in the report.	
Date _____	Signature _____