

Education

NAME AND LOCATION	COURSE OF STUDY	YRS COMP.	GRADUATE Y / N
HIGH SCHOOL			
COLLEGE			
OTHER			

Skills and Qualifications

Summarize any training, skills, licenses, and/or certificates that may qualify you as being able to perform job-related functions in the position for which you are applying.

Work Experience List present and former employers beginning with the most recent

EMPLOYER	PHONE	FROM	TO
ADDRESS		JOB TITLE	
JOB RESPONSIBILITIES		IMMEDIATE SUPERVISOR	
REASON FOR LEAVING		HOURLY RATE / SALARY	

EMPLOYER	PHONE	FROM	TO
ADDRESS		JOB TITLE	
JOB RESPONSIBILITIES		IMMEDIATE SUPERVISOR	
REASON FOR LEAVING		HOURLY RATE / SALARY	

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EMPLOYER	PHONE	FROM	TO
ADDRESS		JOB TITLE	
JOB RESPONSIBILITIES		IMMEDIATE SUPERVISOR	
REASON FOR LEAVING		HOURLY RATE / SALARY	

References

NAME	PHONE	YRS KNOWN

To be completed by all applicants - Please read carefully before signing

I CERTIFY THAT THE INFORMATION CONTAINED IN THIS APPLICATION AND IN ANY RESUME PROVIDED BY ME OR ANY PARTY REPRESENTING MY INTERESTS IS CORRECT AND COMPLETE TO THE BEST OF MY KNOWLEDGE. I UNDERSTAND THAT ANY FALSE STATEMENTS, MISREPRESENTATIONS OR OMISSIONS MADE BY ME ON THIS APPLICATION OR ANY SUPPLEMENT THERETO, WILL BE SUFFICIENT GROUNDS FOR REJECTION OF THIS APPLICATION OR DISCHARGE AFTER EMPLOYMENT.

I GIVE THE EMPLOYER THE RIGHT TO OBTAIN PERTINENT INFORMATION CONCERNING ME FROM FORMER EMPLOYERS AND OTHERS, AND I RELEASE ALL THOSE PROVIDING OR REQUESTING SUCH INFORMATION FROM ANY LIABILITY THAT MAY ARISE BY TRUTHFUL DISCLOSURES OR SUCH INVESTIGATIONS.

IF I AM HIRED, I UNDERSTAND THAT I AM FREE TO RESIGN AT ANY TIME, WITH OR WITHOUT CAUSE AND WITHOUT PRIOR NOTICE, AND THE EMPLOYER RESERVES THE SAME RIGHT TO TERMINATE MY EMPLOYMENT AT ANY TIME WITH OR WITHOUT CAUSE AND WITHOUT PRIOR NOTICE, EXCEPT AS MAY BE REQUIRED BY LAW. THIS APPLICATION DOES NOT CONSTITUTE AN AGREEMENT OR CONTRACT FOR EMPLOYMENT FOR ANY SPECIFIED PERIOD OR DEFINITE DURATION. I UNDERSTAND THAT NO REPRESENTATIVE OF THE EMPLOYER, OTHER THAN AN AUTHORIZED OFFICER, HAS THE AUTHORITY TO MAKE ANY ASSURANCES TO THE CONTRARY. I FURTHER UNDERSTAND THAT ANY SUCH ASSURANCES MAY BE IN WRITING AND SIGNED BY AN AUTHORIZED OFFICER.

I UNDERSTAND IT IS THE COMPANIES POLICY NOT TO REFUSE TO HIRE A QUALIFIED INDIVIDUAL WITH A DISABILITY BECAUSE OF THAT PERSON'S NEED FOR REASONABLE ACCOMMODATION AS REQUIRED NY ADA.

I ALSO UNDERSTAND THAT IF I AM HIRED, I WILL BE REQUIRED TO PROVIDE PROOF OF IDENTITY AND LEGAL WORK AUTHORIZATION

Your signature acknowledges you have read and agree to the material above.

Applicants Signature: _____ Date: _____

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