



6847 Ellicott Drive  
 East Syracuse, NY 13057  
 (315) 463-7333

# APPLICATION FOR EMPLOYMENT

We consider applicants for all positions without regard to race, color, religion, creed, gender, national origin, age, disability, marital or veteran status, or any other legally protected status.

(PLEASE PRINT)

Position(s) Applied For		Date of Application	
How Did You Learn About Us?			
Advertisement	Relative	Inquiry	
Employment Agency	Friend	Other _____	
Last Name		First Name	
		Middle Name	
Address    Number    Street		City	State    Zip Code
Telephone Number(s)		Social Security Number (voluntary)	
Email Address:			

Best time to contact you at home is:.....	_____:	_____	AM	PM
If you are under 18 years of age, can you provide required proof of your eligibility to work?.....	Yes	No		
Have you ever filed an application with us before?.....	Yes	No		
If Yes, give date _____				
Have you ever been employed with us before?.....	Yes	No		
If Yes, give date _____				
Do any of your friends or relatives, other than spouse, work here?.....	Yes	No		
Are you currently employed?.....	Yes	No		
May we contact your present employer?.....	Yes	No		
Are you legally eligible for employment in the United States?	Yes	No		
<i>Proof of citizenship or immigration status will be required upon employment</i>				
Date available for work: _____	What is your desired salary range? _____			
Are you available to work: Full-Time (please indicate	1	2	3	shift)
Part-Time (please indicate	Mornings	Afternoon	Evenings)	
Temporary (please indicate dates available	_____	-	_____	
Are you currently on "lay-off" status and subject to a recall?.....	Yes	No		
Can you travel if a job requires it?.....	Yes	No		

WE ARE AN EQUAL OPPORTUNITY EMPLOYER

# EDUCATION

	Name and Address of School	Course of Study	No. of Years Completed	Diploma Degree
High School				
Undergraduate College				
Graduate Professional				
Other (Specify)				
Additional Info				

Describe any specialized training, apprenticeship, skills and extra-curricular activities.


Describe any job-related training received in the United States military.


# EMPLOYMENT EXPERIENCE

Start with your present or last job. Include any job-related military service assignments and volunteer activities. You may exclude organizations which indicate, race, color, religion, gender, national origin, disabilities or other protected status.

1.	Employer	Dates Employed		Work Performed
		From	To	
	Address			
	Telephone Number(s)	Hourly Rate		
		Starting	Final	
	Job Title			
	Reason for Leaving			
2.	Employer	Dates Employed		Work Performed
		From	To	
	Address			
	Telephone Number(s)	Hourly Rate		
		Starting	Final	
	Job Title			
	Reason for Leaving			
3.	Employer	Dates Employed		Work Performed
		From	To	
	Address			
	Telephone Number(s)	Hourly Rate		
		Starting	Final	
	Job Title			
	Reason for Leaving			
4.	Employer	Dates Employed		Work Performed
		From	To	
	Address			
	Telephone Number(s)	Hourly Rate		
		Starting	Final	
	Job Title			
	Reason for Leaving			

If you need additional space, please continue on a separate sheet of paper.

List Professional, trade, business or civic activities and offices held.  
 You may exclude membership which would reveal gender, race, religion, national origin, age, ancestry, disability or other protected status:


# ADDITIONAL INFORMATION

## Other Qualifications

Summarize special job-related skills and qualifications acquired from employment or other experience.


## SPECIALIZED SKILLS (CHECK SKILLS/EQUIPMENT OPERATED)

PC/MAC	Word	Production/Mobile Machinery (list)	Other (list)
Windows	Excel	_____	_____
Salesforce	Powerpoint	_____	_____
Other _____		_____	_____
		_____	_____

State any additional information you feel may be helpful to us in considering your application.


## INFORMED ABOUT THE REQUIREMENTS OF THE JOB FOR WHICH YOU ARE APPLYING.

Are you capable of performing in a reasonable manner, with or without a reasonable accommodation, the activities involved in the job or occupation for which you have applied?

YES                      NO

## REFERENCES

1.	( )	Phone#
	(Name)	
	(Address)	
2.	( )	Phone#
	(Name)	
	(Address)	
3.	( )	Phone#
	(Name)	
	(Address)	

# APPLICANT'S STATEMENT

I certify that answers given herein are true and complete.

I authorize investigation of all statements contained in this application for employment as may be necessary in arriving at an employment decision.

This application for employment shall be considered active for a period of time not to exceed 45 days. Any applicant wishing to be considered for employment beyond this time period should inquire as to whether or not applications are being accepted at this time.

I hereby understand and acknowledge that, unless otherwise defined by applicable law, any employment relationship with this organization is of an "at will" nature, which means that the Employee may resign at any time and the Employer may discharge Employee at any time with or without cause. It is further understood that this "at will" employment relationship may not be changed by any written document or by conduct unless such change is specifically acknowledged in writing by an authorized executive of this organization.

In the event of employment, I understand that false or misleading information given in my application or interview(s) may result in discharge. I understand, also, that I am required to abide by all rules and regulations of employer.

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date

## FOR PERSONNEL DEPARTMENT USE ONLY

Arrange Interview     Yes     No

Remarks \_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
INTERVIEWER    DATE

Employed     Yes     No    Date of Employment \_\_\_\_\_

Hourly Rate/    \_\_\_\_\_  
Job Title \_\_\_\_\_    Salary \_\_\_\_\_    Department \_\_\_\_\_

By \_\_\_\_\_  
NAME AND TITLE    DATE

FOR PERSONNEL DEPARTMENT USE ONLY

Position(s) Applied For Is Open:      Yes      No

Position(s) Considered For: \_\_\_\_\_  
\_\_\_\_\_

Date \_\_\_\_\_