



Application For Employment

INSTRUCTIONS: We appreciate your interest in our organization. We consider applicants for all positions without regard to race, color, creed, age, religion, sex, disability or handicap, marital status, national origin, veteran status or arrest/conviction record.

PERSONAL INFORMATION		Date of Application
Complete Name (Last) (First) (Middle)	Social Security Number	
Street Address	City	State Zip Code
Any other name(s) under which you have been previously employed or under which school records would be located.		Phone Number
Position(s) Applied For		Starting Wage Desired
How did you learn about us? <input type="checkbox"/> Advertisement <input type="checkbox"/> Employment Agency <input type="checkbox"/> Walk-in <input type="checkbox"/> Other _____	Names of friends or relatives employed by this company	
If you are under 18 years of age, can you furnish a work permit?		<input type="checkbox"/> Yes <input type="checkbox"/> No
Have you ever filed an application with us before? If yes, give date _____		<input type="checkbox"/> Yes <input type="checkbox"/> No
Have you ever been employed with us before? If yes, give date _____		<input type="checkbox"/> Yes <input type="checkbox"/> No
Are you prevented from lawfully becoming employed in this country because of visa or immigration status? (Proof of citizenship or immigration status will be required upon employment.)		<input type="checkbox"/> Yes <input type="checkbox"/> No
Do you have any restrictions or obligations that would prevent you from working overtime?		<input type="checkbox"/> Yes <input type="checkbox"/> No
Do you have any restrictions or obligations that would prevent you from working consistently or arriving to work on time?		<input type="checkbox"/> Yes <input type="checkbox"/> No
What date would you be available to work?	Available to work: <input type="checkbox"/> F/T <input type="checkbox"/> P/T <input type="checkbox"/> 1st Shift <input type="checkbox"/> 2nd Shift <input type="checkbox"/> 3rd Shift <input type="checkbox"/> Temporary	
Can you travel if the job requires it? If yes, are there limitations? Explain.		<input type="checkbox"/> Yes <input type="checkbox"/> No
Have you been convicted of a crime? (Conviction will not necessarily disqualify an applicant from employment.) If yes, please list dates of offenses and dispositions.		<input type="checkbox"/> Yes <input type="checkbox"/> No
Have you ever had any job-related training in the United States military? If yes, please describe:		<input type="checkbox"/> Yes <input type="checkbox"/> No

EDUCATION	ELEMENTARY SCHOOL				HIGH SCHOOL				UNDERGRADUATE COLLEGE / UNIVERSITY				GRADUATE / PROFESSIONAL			
	5	6	7	8	9	10	11	12	1	2	3	4	1	2	3	4
School Name and Location																
Years Complete																
Diploma / Degree																
Describe Course of Study																

Describe any specialized training, apprenticeship, skills, qualifications, honors or extra-curricular activities which you feel may be helpful to us in considering your application. You may exclude memberships which would reveal sex, race, religion, national origin, age, ancestry, handicap or other protected status.

EMPLOYMENT EXPERIENCE - Start with your present or last job, including any military service assignments and volunteer activities. You may exclude voluntary work which indicates race, color, religion, gender, national origin, handicap or other protected status. Please account for all time for at least the past five years.

DATES OF EMPLOYMENT (MONTH AND YEAR)	NAME, ADDRESS & TELEPHONE NUMBER OF EMPLOYER	SALARY	DESCRIPTION OF WORK PERFORMED	REASON FOR LEAVING
From		Starting:		
To		Final:		
Job Title / Position:		Supervisor:		May we contact this employer? <input type="checkbox"/> Yes <input type="checkbox"/> No
DATES OF EMPLOYMENT (MONTH AND YEAR)	NAME, ADDRESS & TELEPHONE NUMBER OF EMPLOYER	SALARY	DESCRIPTION OF WORK PERFORMED	REASON FOR LEAVING
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Job Title / Position:		Supervisor:		May we contact this employer? <input type="checkbox"/> Yes <input type="checkbox"/> No
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From		Starting:		
To		Final:		
Job Title / Position:		Supervisor:		May we contact this employer? <input type="checkbox"/> Yes <input type="checkbox"/> No

REFERENCES - Give name, address and telephone number of three references who are qualified to evaluate your capabilities and who are not related to you and are not previous employers.

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3.

APPLICANT'S STATEMENT

I certify that answers given herein are true and complete to the best of my knowledge. In the event of employment, I understand that false or misleading information given in my application or interview(s) may result in withdrawal of an offer of employment, or if subsequent to employment, may result in dismissal.

I understand this employment application is not to be construed as a guarantee of employment. I further understand that, should I become employed, my employment with the organization does not constitute any form of contract, implied or expressed, and such employment may be terminated at will either by myself or my employer upon notice of one party to the other. My continued employment would be dependent on satisfactory performance and the continued need for my services as determined by the organization.

I authorize investigation of all statements contained in this application for employment as may be necessary in arriving at an employment decision. You may use this authority to check references with former employers I have listed, unless otherwise indicated, as well as the personal references listed.

Signature of Applicant	Date
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Gianelli Sausage

G & L Davis Meat Co.

Phone (315) 471-9164
Fax (315) 471-4474

SUPPLEMENT APPLICATION

What do you feel you can offer this company? _____

Why would you like to work here? _____

Do you have any physical limitations (i.e. lifting restrictions)? Yes _____ No _____

Do you have a valid drivers license? Yes _____ No _____ What class? _____