

535 Ithaca Road
Mail: PO Box 121
Candor, NY 13743



Phone (607) 659-5153
Fax (607) 659-5133

APPLICATION for EMPLOYMENT

PERSONAL

Date _____ (Please print clearly; Fill out completely)

Date of Birth (**Driver's only**) ____/____/____ (The U.S. Department of Transportation requires that driver applicants state their date of birth – 391.21(b) (2).)

NAME _____ E-Mail _____

PRESENT ADDRESS:

Street _____
City _____ State _____ Zip _____
TELEPHONE _____ Alternate Phone _____

POSITION(S) APPLIED FOR: _____

Referred by: _____

Do you have any relatives working here? _____ Who? _____

Date available to start work: _____ Full Time _____ Part Time _____

Are you on a "lay-off" status and subject to recall? _____

Do you have a reliable means of daily transportation? _____

PHYSICAL HISTORY

Date of last physical _____ Doctor's Name _____

Phone # _____ Address of Doctor _____

DRIVING EXPERIENCE AND QUALIFICATIONS

License # _____ State _____ Expiration _____

Class _____ Endorsements _____

1. Do you have any current marks against your license? _____

2. Has your license ever been suspended or revoked? _____

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

4. Have you ever been convicted of driving under the influence of drugs or alcohol? _____

5. Have you ever been convicted of a crime? _____

If you answered "yes" to questions 1 thru 5, please explain _____

I understand that I must obtain & submit a recent DMV driving record prior to employment and anytime upon employer's request. _____ INITIAL

I understand that the employer may obtain my DMV driving record at anytime. _____ INITIAL



EXPERIENCE WITH POWER EQUIPMENT

Please List Type of Equipment / # of Years / States Operated

Tandem Dump Truck _____
Crushers/Screens _____
Off-Road Equipment _____
Other _____

ACCIDENT RECORD

Date Nature of Accident Injuries/Fatalities Vehicle/Equipment

RECORD OF EDUCATION

Name & Address of School / Course of Study / Last year of school completed

High School _____

College _____

Annual Mine Refresher at: _____

Other Courses or Certifications (Specify) _____

Did you graduate _ High School _____? College _____? Other _____?

REFERENCES

Name Position Address Phone

1. _____
2. _____
3. _____

EMPLOYMENT HISTORY

List below all present and past employment, beginning with your most recent employment first:

1. Name of Company _____ Phone _____

Address _____

Street *City* *State* *Zip*

Name of Supervisor _____ Starting Pay _____ Ending Pay _____

Work Start Date _____ Work End Date _____

Describe work you did and machinery you used: _____

Reason for leaving _____



EMPLOYMENT HISTORY (Con't)

2. Name of Company _____ Phone _____
Address _____
Street City State Zip
Name of Supervisor _____ Starting Pay _____ Ending Pay _____
Work Start Date _____ Work End Date _____
Describe work you did and machinery you used: _____
Reason for leaving _____

3. Name of Company _____ Phone _____
Address _____
Street City State Zip
Name of Supervisor _____ Starting Pay _____ Ending Pay _____
Work Start Date _____ Work End Date _____
Describe work you did and machinery you used: _____
Reason for leaving _____

Please list job-related skills and qualifications acquired through employment, the U.S. Military, or other experience which you feel would fit you for your work with our organization.

Do you have any specialized skills with computers or technical equipment? _____

Would you submit to any and all drug and/or alcohol testing? _____ Yes _____ No
I am over 18 years of age: _____ Yes _____ No

Note to Applicants: DO NOT ANSWER THIS QUESTION UNLESS YOU HAVE BEEN 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? A description of the activities involved in such a job occupation will be attached.
_____ Yes _____ No



APPLICANT’S STATEMENT

I certify that answers given herein are true and complete to the best of my knowledge.

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

I hereby understand and acknowledge that New York is an “at will” employment state, this means any employment relationship with this organization if of an “at will” nature. This means that the Employee may resign at any time, and the Employer may discharge the 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 any 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 the employer.

SIGNATURE OF APPLICANT _____ DATE _____

(OPTIONAL):

IN CASE OF EMERGENCY, PLEASE CONTACT:

Name: _____

Relationship: _____

Address: _____

Phone: _____

Alternate Phone: _____