

Donoli's Employment Application Form

PLEASE PRINT ALL
INFORMATION REQUESTED
EXCEPT SIGNATURE

6510 Route 434
Apalachin, NY 13732

Apply in person

APPLICATION FOR EMPLOYMENT
APPLICANTS MAY BE TESTED FOR ILLEGAL DRUGS

PLEASE COMPLETE PAGES 1-2.

DATE _____

Name _____
Last First Middle Maiden

Present address _____
Number Street City State Zip

How long _____ Social Security No. _____ - _____ - _____

Telephone: Cell: () _____ Home: () _____

If under 18, please list age _____

Position applied for (1) _____
and salary desired (2) _____

Days available to work
 No Pref _____ Thur _____
 Mon _____ Fri _____
 Tue _____ Sat _____
 Wed _____ Sun _____

Can you work nights? _____ Can You work Weekends and Sundays? _____

When are you available to begin work? _____

Referred by: _____

TYPE OF SCHOOL	NAME OF SCHOOL	LOCATION (Complete mailing address)	NUMBER OF YEARS COMPLETED	MAJOR & DEGREE
High School				
College				
Bus. or Trade School				
Professional School				

Special Skills, interests and or activities: _____

DO YOU HAVE A DRIVER'S LICENSE Yes No What is your means of transportation to work? _____

Please list two references other than relatives or previous employers.

Name _____
 Position _____
 Company _____
 Address _____

 Telephone () _____

Name _____
 Position _____
 Company _____
 Address _____

 Telephone () _____

Work Experience Please list your work experience for the **past five years** beginning with your most recent job held. If you were self-employed, give firm name. **Attach additional sheets if necessary.**

Are you employed now? Yes No May we contact your present employer? Yes No

Name of employer _____ Address _____ City, State, Zip Code _____ Phone number _____	Name of supervisor _____	Employment dates From _____ To _____ Your last job title _____
Reason for leaving (be specific) _____		

Name of employer _____ Address _____ City, State, Zip Code _____ Phone number _____	Name of supervisor _____	Employment dates From _____ To _____ Your last job title _____
Reason for leaving (be specific) _____		

Name of employer _____ Address _____ City, State, Zip Code _____ Phone number _____	Name of supervisor _____	Employment dates From _____ To _____ Your last job title _____
Reason for leaving (be specific) _____		

In case of emergency please notify: Name: _____ Phone: _____

- I certify that all the information submitted by me on this application is true and complete and I understand that if any false information, omissions or misrepresentations are discovered, my application may be rejected and if I am employed that my employment may be terminated at any time. In consideration of my employment I agree to conform to the company's rules and regulations, and I agree that my employment and compensation can be terminated or changed at any time, with or without cause and with or without notice at anytime by the company. I understand that no company representative other than the owners has any authority to enter into any agreement for employment for any specific period of time or to make any agreement contrary to the foregoing.

Signature of applicant _____ Date: _____

Do not write below this line

Interviewed by: _____ **Date:** _____

Remarks: _____ **Neatness:** _____ **Ability:** _____