



EMPLOYMENT APPLICATION

28250 NYS RT.37
Watertown, NY 13601

www.eissbrothers.com

1-(315)-629-4370 - 1-800-698-3477 - FAX 1-(315)-629-1025

We are an equal opportunity employer and do not unlawfully discriminate in employment. No question on this application is used for the purpose of limiting or excluding any applicant from consideration for employment on a basis prohibited by local, state, or federal law. Equal access to employment, services, and programs is available to all persons. Those applicants requiring reasonable accommodation to the application and/or interview process should notify a representative of the organization.

PERSONAL INFORMATION

Date Submitted: (dd/mm/yyyy) _____

Applicants Name: (Last, First, Middle) _____

Street Address: _____

City: _____ State: _____ Zip Code: _____

Telephone #: Home: () _____ Business: () _____ Cell phone: () _____

Social Security #: _____ E-mail: _____

Position(s) applied for or type of work desired: _____

Type of employment desired: _____ full-time _____ part-time _____ temporary

Date you will be available to start work: _____

What is the amount of pay that you will expect _____

Have you ever applied for employment with us before? _____ Yes _____ No

If Yes: When _____

Do you have any objection to working overtime if necessary? _____ Yes _____ No

Can you travel if required by this position? _____ Yes _____ No

Have you ever been previously employed by our organization? _____ Yes _____ No

If Yes: Month and Year _____ Reason for Leaving _____

Can you submit proof of legal employment authorization and identity? _____ Yes _____ No

Have you ever been convicted of a crime in the last 7 years? _____ Yes _____ No

If yes, please explain (a conviction will not automatically bar employment): _____

Drivers license number (if driving is an essential job duty): _____

How were you referred to us? _____

EMPLOYMENT HISTORY

Please provide accurate and complete information of all employment from your past four employers starting with the most recent. It is the employers option to contact any or all of the past employers listed on this application.

Employer: _____

Position held: _____

Address: _____

Telephone #: _____

Immediate supervisor and title: _____

Dates employed: from _____ to _____

Salary: _____

Job summary: _____

Reason for leaving: _____

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Please provide accurate and complete information of all employment from your past four employers starting with the most recent. It is the employers option to contact any or all of the past employers listed on this application.

Employer: _____
Position held: _____
Address: _____
Telephone #: _____
Immediate supervisor and title: _____

Dates employed: from _____ to _____
Salary: _____
Job summary: _____

Reason for leaving: _____

Employer: _____
Position held: _____
Address: _____
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Dates employed: from _____ to _____
Salary: _____
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Telephone #: _____
Immediate supervisor and title: _____

Dates employed: from _____ to _____
Salary: _____
Job summary: _____

Reason for leaving: _____

Other Skills and Qualifications

Summarize any job-related training, skills, licenses, certificates, and/or other qualifications:

EDUCATIONAL HISTORY

List school name and location, years completed, course of study, and any degrees earned: These questions are voluntary and will only be used if the position that the applicant is applying for requires a degree or specialized training.

High school: Name: _____ Location: _____ #Years Completed: _____ Course of Study: _____ Degrees Earned: _____ Graduate: Yes/No

College: Name: _____ Location: _____ #Years Completed: _____ Course of Study: _____ Degrees Earned: _____ Graduate: Yes/No

Technical Training: Name: _____ Location: _____ #Years Completed: _____ Course of Study: _____ Degrees Earned: _____ Graduate: Yes/No

Other: Name: _____ Location: _____ #Years Completed: _____ Course of Study: _____ Degrees Earned: _____ Graduate: Yes/No

MILITARY HISTORY

Have you served in the U. S. Armed Forces? Yes No If Yes: When _____

Do you have a copy of your DD 214 Yes No You will need to provide a copy with this application.

Branch: Army Navy Air Force Marines Coast Guard Active Reserve

Are you currently serving in the National Guard or Reserves? Yes No Branch: _____
If Yes: Unit _____ Unit Address _____ Unit Phone () _____ - _____

List any military training you might have received that might be applicable to the position you are applying for:

FINANCIAL INFORMATION

The following information for payroll use only:

Hourly wage expected _____ Salary Expected _____ (If applies) Deductions you can expect _____

Tax Status: Single Married Number of Dependents Including Yourself _____

CHARACTER REFERENCE INFORMATION

List 3 references names, telephone numbers, and years known (do not include relatives or employers):

APPLICANT AUTHORIZATION AND STATEMENT OF UNDERSTANDING

I hereby authorize the potential employer to contact, obtain, and verify the accuracy of information contained in this application from all previous employers, educational institutions, and references. I also hereby release from liability the potential employer and its representatives for seeking, gathering, and using such information to make employment decisions and all other persons or organizations for providing such information.

I understand that any misrepresentation or material omission made by me on this application will be sufficient cause for cancellation of this application or immediate termination of employment if I am employed, whenever it may be discovered.

If I am employed, I acknowledge that there is no specified length of employment and that this application does not constitute an agreement or contract for employment. Accordingly, either I or the employer can terminate the relationship at will, with or without cause, at any time, so long as there is no violation of applicable federal or state law.

I understand that it is the policy of this organization not to refuse to hire or otherwise discriminate against a qualified individual with a disability because of that persons need for a reasonable accommodation as required by the ADA.

I also understand that if I am employed, I will be required to provide satisfactory proof of identity and legal work authorization within three days of being hired. Failure to submit such proof within the required time shall result in immediate termination of employment.

I represent and warrant that I have read and fully understand the foregoing, and that I seek employment under these conditions.

Applicant's signature: _____

Date: _____