



# EMPLOYMENT APPLICATION

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

28250 NYS RT.37  
Watertown, NY 13601

[www.eissbrothers.com](http://www.eissbrothers.com)

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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Employer: \_\_\_\_\_  
Position held: \_\_\_\_\_  
Address: \_\_\_\_\_  
Telephone #: \_\_\_\_\_  
Immediate supervisor and title: \_\_\_\_\_  
\_\_\_\_\_  
Dates employed: from \_\_\_\_\_ to \_\_\_\_\_  
Salary: \_\_\_\_\_  
Job summary: \_\_\_\_\_  
\_\_\_\_\_  
Reason for leaving: \_\_\_\_\_  
\_\_\_\_\_

Employer: \_\_\_\_\_  
Position held: \_\_\_\_\_  
Address: \_\_\_\_\_  
Telephone #: \_\_\_\_\_  
Immediate supervisor and title: \_\_\_\_\_  
\_\_\_\_\_  
Dates employed: from \_\_\_\_\_ to \_\_\_\_\_  
Salary: \_\_\_\_\_  
Job summary: \_\_\_\_\_  
\_\_\_\_\_  
Reason for leaving: \_\_\_\_\_  
\_\_\_\_\_

Employer: \_\_\_\_\_  
Position held: \_\_\_\_\_  
Address: \_\_\_\_\_  
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:

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## 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):

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# 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: \_\_\_\_\_