

# Application for Employment

O.D.Greene Lumber & Hardware  
10799 U.S. Route 11  
Adams, New York 13605  
(315) 232-4800

Applicants are considered for all positions without regard for race, color, religion, sex, national origin, age, marital or veteran status, or the presence of a non-job related medical condition or handicap.

Date of Application \_\_\_\_\_

Position(s) Applied For \_\_\_\_\_

Referral Source:  Advertisement  Friend  Relative  Walk-In  
 Employment Agency  Other \_\_\_\_\_

Name \_\_\_\_\_  
Last First Middle

Address \_\_\_\_\_  
Number Street City State Zip Code

Telephone (\_\_\_\_\_) \_\_\_\_\_ Social Security Number \_\_\_\_\_  
Area Code

If employed and you are under 18, can you furnish a work permit?  Yes  No

Have you filed an application here before?  Yes  No If Yes, give date \_\_\_\_\_

Have you ever been employed here before:  Yes  No If Yes, give date \_\_\_\_\_

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

If hired, can you furnish proof you are legally entitled to work in the United States?  Yes  No

On what date would you be available to work? \_\_\_\_\_

Are you available to work  Full Time  Part-Time  Shift Work  Temporary

Can you travel if a job requires it?  Yes  No

Have you been convicted of a felony within the last 7 years?  Yes  No  
(Conviction will not necessarily disqualify applicant from employment.)

If Yes, please explain \_\_\_\_\_

AN EQUAL OPPORTUNITY EMPLOYER M/F/V/H

# EMPLOYMENT EXPERIENCE

Start with your present or last job. Include military service assignments and volunteer activities. All information should be completed and reasons for any time lapse should be noted.

1	Employer	Telephone	Dates Employed		WORK PERFORMED
			From	To	
	Address				
	Job Title		Hourly Rate/Salary		
			Starting	Final	
	Supervisor				
	Reason for Leaving				
2	Employer	Telephone	Dates Employed		WORK PERFORMED
			From	To	
	Address				
	Job Title		Hourly Rate/Salary		
			Starting	Final	
	Supervisor				
	Reason for Leaving				
3	Employer	Telephone	Dates Employed		WORK PERFORMED
			From	To	
	Address				
	Job Title		Hourly Rate/Salary		
			Starting	Final	
	Supervisor				
	Reason for Leaving				
4	Employer	Telephone	Dates Employed		WORK PERFORMED
			From	To	
	Address				
	Job Title		Hourly Rate/Salary		
			Starting	Final	
	Supervisor				
	Reason for Leaving				
5	Employer	Telephone	Dates Employed		WORK PERFORMED
			From	To	
	Address				
	Job Title		Hourly Rate/Salary		
			Starting	Final	
	Supervisor				
	Reason for Leaving				

If you need additional space, please continue on a separate sheet of paper.

Special Skills and Qualifications

Summarize special skills and qualifications acquired from employment or other experience such as specific office skills, machines used, etc.

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Veteran of the U.S. Military service?  Yes  No If Yes, Branch \_\_\_\_\_

List professional, trade, business or civic activities and offices held.  
(You may exclude those which indicate race, color, religion, sex or national origin): \_\_\_\_\_

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Give name, address and telephone number of three references who are not related to you and are not previous employees.

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# EDUCATION

	Elementary	High	College/University	Graduate/ Professional
School Name				
Years Completed (Circle)	4 5 6 7 8	9 10 11 12	1 2 3 4	1 2 3 4
Diploma/Degree				
Describe Course Of Study				
Describe Specialized Training, Apprenticeship, Skills, and Extra-Curricular Activities				

Honors Received:

State any additional information you feel may be helpful to us in considering your application.

### Applicant's Statement

I understand this application is considered current for 90 days. If I want to be considered for employment after that time, I must renew my application in writing.

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 understand that this application is not and is not intended to be a contract of employment.

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 Company.

\_\_\_\_\_  
Signature of Applicant Date

### For Personnel Department Use Only

Arrange Interview  Yes  No

Remarks \_\_\_\_\_

\_\_\_\_\_  
Interviewer Date

Employed  Yes  No Date of Employment \_\_\_\_\_

Job Title \_\_\_\_\_ Hourly Rate/  
Salary \_\_\_\_\_ Department \_\_\_\_\_

By \_\_\_\_\_  
Name and Title Date