



APPLICATION FOR EMPLOYMENT

NAME (First, Last, Middle Initial):	DATE:
ADDRESS (Street, Apt. #):	HOME PHONE: ()
CITY, STATE, ZIP CODE:	CELL PHONE: ()

How long have you lived at this address? _____ If less than 2 years, please list other addresses below.
Other: _____ Length of Time: _____

(Address, City, State and Zip)

E-MAIL ADDRESS: _____	AVAILABLE TO WORK: <input type="checkbox"/> Full Time <input type="checkbox"/> Part Time <input type="checkbox"/> Seasonal	EMPLOYMENT STATUS: <input type="checkbox"/> Unemployed <input type="checkbox"/> Full Time Employed <input type="checkbox"/> Part Time Employed <input type="checkbox"/> Seasonally Employed
ARE YOU AT LEAST 18 YEARS OF AGE: If NO, can you supply working papers? _____ YES _____ NO	DATE AVAILABLE: _____	

EDUCATION (School Name, City, State):	HIGHEST LEVEL or DEGREE OBTAINED:	DID YOU GRADUATE?
		<input type="checkbox"/> Yes <input type="checkbox"/> No
		<input type="checkbox"/> Yes <input type="checkbox"/> No

LIST ANY CERTIFICATIONS OBTAINED THAT ARE WORK RELATED (Example: Emergency Medical Technician and expiration dates, applicable):

HOW DID YOU HEAR ABOUT **US**?

___Employee Referral ___Client Referral ___**Silo** Web Page ___Other Web Page ___Help Wanted Sign ___Other

SKILLS, EXPERIENCE AND EMPLOYMENT INTERESTS - Check ALL that apply

- | | | |
|---|---|---|
| <input type="checkbox"/> Accts/Payable-Receivable | <input type="checkbox"/> Electrical/Electrician | <input type="checkbox"/> Manufacturing |
| <input type="checkbox"/> Administrative | <input type="checkbox"/> Restaurant-Wait Staff | <input type="checkbox"/> Marketing |
| <input type="checkbox"/> Accountant | <input type="checkbox"/> Fund Raising or Non-Profit | <input type="checkbox"/> Mechanic |
| <input type="checkbox"/> Accounting | <input type="checkbox"/> Graphic Resources/Arts | <input type="checkbox"/> Medical Field/RN/other |
| <input type="checkbox"/> Auto Repair | <input type="checkbox"/> Human Resources | <input type="checkbox"/> Medical Assembly |
| <input type="checkbox"/> Banking/Finance | <input type="checkbox"/> Hospitality | <input type="checkbox"/> Painting |
| <input type="checkbox"/> Bookkeeper | <input type="checkbox"/> Insurance | <input type="checkbox"/> Payroll |
| <input type="checkbox"/> CDL _____ | <input type="checkbox"/> IT/Computer | <input type="checkbox"/> Plumbing |
| <input type="checkbox"/> Carpentry | <input type="checkbox"/> Laborer/Janitorial | <input type="checkbox"/> Purchasing |
| <input type="checkbox"/> Cashier | <input type="checkbox"/> Landscaping | <input type="checkbox"/> Receptionist |
| <input type="checkbox"/> Cook/Chef | <input type="checkbox"/> Legal Field | <input type="checkbox"/> Retail |
| <input type="checkbox"/> Construction | <input type="checkbox"/> Machine Operator | <input type="checkbox"/> Sales Professional |
| <input type="checkbox"/> Driver / Cab / Other | <input type="checkbox"/> Machinist | <input type="checkbox"/> Secretary |
| <input type="checkbox"/> Editing | <input type="checkbox"/> Maintenance | <input type="checkbox"/> Warehouse |
| <input type="checkbox"/> EMS _____ | <input type="checkbox"/> Management | <input type="checkbox"/> 2 nd Language _____ |

PLEASE COMMENT ON ADDITIONAL WORK INTERESTS

DESIRED SALARY LEVEL \$ _____ Per Hour OR \$ _____ Annual

Are you eligible to work in the United States and able to provide proof upon hire?

- Yes
- No

What shifts would you prefer to work? (Rate 1, 2, 3 in order of preference).

_____ 1st Shift - 7am-3pm or 8am-5pm

_____ 2nd Shift - 3pm-11pm

_____ 3rd Shift - 11pm-7am

EMPLOYMENT HISTORY (Indicate most recent first.)

Employer/Company Name:	Telephone No. ()	Supervisor's Name:
Address, City, State, Zip:		
Job title and Duties: _____ _____		
Dates Employed: From: _____ To: _____	Reason for Leaving: May we contact this employer? _____	Salary or Hourly Rate of Pay: \$ _____

Employer/Company Name:	Telephone No. ()	Supervisor's Name:
Address, City, State, Zip:		
Job title and Duties: _____ _____		
Dates Employed: From: _____ To: _____	Reason for Leaving: May we contact this employer? _____	Salary or Hourly Rate of Pay: \$ _____

EMPLOYMENT HISTORY, continued.

Employer/Company Name:	Telephone No. ()	Supervisor's Name:
Address, City, State, Zip:		
Job title and Duties: _____ _____		
Dates Employed: From: _____ To: _____	Reason for Leaving: May we contact this employer? _____	Salary or Hourly Rate of Pay: \$ _____

Employer/Company Name:	Telephone No. ()	Supervisor's Name:
Address, City, State, Zip:		
Job title and Duties: _____ _____		
Dates Employed: From: _____ To: _____	Reason for Leaving: May we contact this employer? _____	Salary or Hourly Rate of Pay: \$ _____

COMPUTER SKILL BASE			
WORD	<input type="checkbox"/> Beginner	<input type="checkbox"/> Intermediate	<input type="checkbox"/> Expert
EXCEL	<input type="checkbox"/> Beginner	<input type="checkbox"/> Intermediate	<input type="checkbox"/> Expert
QUICKBOOKS	<input type="checkbox"/> Beginner	<input type="checkbox"/> Intermediate	<input type="checkbox"/> Expert
ACCESS	<input type="checkbox"/> Beginner	<input type="checkbox"/> Intermediate	<input type="checkbox"/> Expert
POWERPOINT	<input type="checkbox"/> Beginner	<input type="checkbox"/> Intermediate	<input type="checkbox"/> Expert
OUTLOOK	<input type="checkbox"/> Beginner	<input type="checkbox"/> Intermediate	<input type="checkbox"/> Expert
OTHER _____	<input type="checkbox"/> Beginner	<input type="checkbox"/> Intermediate	<input type="checkbox"/> Expert
OTHER _____	<input type="checkbox"/> Beginner	<input type="checkbox"/> Intermediate	<input type="checkbox"/> Expert

PHYSICAL SKILLS (answer only if it pertains to job skills/requirements for which you are seeking)	
Ability to lift consistently ___ 10-30 lbs ___ 30-70 lbs ___ 70-90 lbs ___ 90+ lbs	
TRANSPORTATION	AVAILABILITY
___ Personal Vehicle ___ Public Transportation	___ Mon ___ Tue ___ Wed ___ Thu ___ Fri ___ Sat ___ Sun Overtime ___ Yes ___ No

ADDITIONAL INFORMATION, SKILLS OR SUMMARY

Empty table area for additional information, skills or summary.

EMPLOYEE SIGNATURE, RELEASE AND UNDERSTANDING POLICY STATEMENT

I certify that the information I provided on this application and any supporting documentation, and will provide throughout the hiring process is true, accurate and complete. I understand that providing false, misleading, or incomplete information is grounds for denial or termination of employment, regardless of the timing or circumstances of discovery. I also authorize investigation of all statements contained in this application for employment as may be necessary in arriving at an employment decision.

I understand and agree that I may be required to pass one or more of the following: Physical Examination, Drug Screen, Respiratory Evaluation, Credit Check, and Criminal Record Check, as a condition of hiring or continued employment.

I also understand and acknowledge that, should an offer of employment be extended, that employment will be "at will" for no specified duration and may be terminated by myself or Employer at any time with or without cause. It is further understood that neither this application, any statements made by any Employer representatives, nor any offer of employment constitutes an employment contract and that the "at will" employment relationship may not be changed by any written documentation or by conduct unless an authorized executive of this organization specifically acknowledges such change, in writing.

In the event of employment, I understand, also, that I am required to abide by all rules and regulations of the Employer/**The Silo**.

****ATTENTION****

According to the NYS Dept of Labor's Unemployment Insurance Handbook (p. 8) "Suitable work is work for which you are reasonably fitted by training and/or experience. This means that you have to look for work in all your recent occupations, especially if the prospect of obtaining work in your primary skill area is not good. You are required to look for and be prepared to accept employment that pays the prevailing wage for similar work even if this is less than you earned on your last job or less than the salary you would like to receive."

Signature: _____

Date: _____