



8615 ROLL ROAD | CLARENCE CENTER, NEW YORK 14032-9139
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APPLICATION FOR EMPLOYMENT

PERSONAL INFORMATION

NAME:		S.S. #:	
ADDRESS:			APT #:
CITY:			
PHONE:	CELL:	EMAIL:	

EMPLOYMENT DESIRED

NAME:		S.S. #:	
ARE YOU EMPLOYED NOW? <input type="checkbox"/> NO <input type="checkbox"/> YES		IF YES, WHERE?	IF SO, MAY WE INQUIRE OF YOUR EMPLOYMENT? <input type="checkbox"/> NO <input type="checkbox"/> YES
HAVE YOU WORKED FOR THIS COMPANY BEFORE? <input type="checkbox"/> NO <input type="checkbox"/> YES		IF YES, WHEN?	
ARE YOU A CITIZEN OF THE UNITED STATES? <input type="checkbox"/> NO <input type="checkbox"/> YES		IF NO, ARE YOU AUTHORIZED TO WORK IN THE U.S.? <input type="checkbox"/> NO <input type="checkbox"/> YES	
HAVE YOU EVER BEEN CONVICTED OF A FELONY? <input type="checkbox"/> NO <input type="checkbox"/> YES		IF YES, PLEASE EXPLAIN:	
DO YOU CURRENTLY HAVE A VALID DRIVERS LICENSE? <input type="checkbox"/> NO <input type="checkbox"/> YES			

EDUCATION

NAME & LOCATION OF SCHOOL		YEARS ATTENDED	DATE GRADUATED	DEGREE EARNED
GRAMMAR SCHOOL				
HIGH SCHOOL				
COLLEGE				
OTHER				

MILITARY SERVICE

BRANCH:	FROM:	TO:	RANK OF DISCHARGE:
TYPE OF DISCHARGE		PRESENT MEMBERSHIP IN RESERVES OR NATIONAL GUARD? <input type="checkbox"/> NO <input type="checkbox"/> YES	
IF OTHER THAN HONORABLE, PLEASE EXPLAIN:			

PHYSICAL RECORD

DO YOU HAVE ANY PHYSICAL DEFECTS THAT PRECLUDE YOU FROM PERFORMING ANY WORK FOR WHICH YOU ARE BEING CONSIDERED? <input type="checkbox"/> NO <input type="checkbox"/> YES	
WERE YOU EVER INJURED? <input type="checkbox"/> NO <input type="checkbox"/> YES	IF YES, PLEASE PROVIDE DETAILS:

PREVIOUS EMPLOYMENT

COMPANY:		PHONE:
ADDRESS:		SUPERVISOR:
JOB TITLE	STARTING SALARY:	ENDING SALARY:
RESPONSIBILITIES:		
FROM:	TO:	REASON FOR LEAVING:
MAY WE CONTACT YOUR PREVIOUS EMPLOYER FOR A REFERENCE? <input type="checkbox"/> NO <input type="checkbox"/> YES		

COMPANY:		PHONE:
ADDRESS:		SUPERVISOR:
JOB TITLE	STARTING SALARY:	ENDING SALARY:
RESPONSIBILITIES:		
FROM:	TO:	REASON FOR LEAVING:
MAY WE CONTACT YOUR PREVIOUS EMPLOYER FOR A REFERENCE? <input type="checkbox"/> NO <input type="checkbox"/> YES		

COMPANY:		PHONE:
ADDRESS:		SUPERVISOR:
JOB TITLE	STARTING SALARY:	ENDING SALARY:
RESPONSIBILITIES:		
FROM:	TO:	REASON FOR LEAVING:
MAY WE CONTACT YOUR PREVIOUS EMPLOYER FOR A REFERENCE? <input type="checkbox"/> NO <input type="checkbox"/> YES		

REFERENCES

NAME	RELATIONSHIP:
COMPANY:	PHONE:
ADDRESS:	

NAME	RELATIONSHIP:
COMPANY:	PHONE:
ADDRESS:	

NAME	RELATIONSHIP:
COMPANY:	PHONE:
ADDRESS:	

I AUTHORIZE INVESTIGATION OF ALL STATEMENTS CONTAINED IN THIS APPLICATION. I UNDERSTAND THAT MISREPRESENTATION OR OMISSION OF FACTS CALLED FOR IS CAUSE FOR DISMISSAL. FURTHER I UNDERSTAND AND AGREE THAT MY EMPLOYMENT IS FOR NO DEFINITE PERIOD AND MAY, REGARDLESS OF THE DATE OF PAYMENT OF MY WAGES AND SALARY, BE TERMINATED AT ANY TIME WITHOUT ANY PREVIOUS NOTICE.

DATE: _____ SIGNATURE: _____

INTERVIEWED BY: _____ DATE: _____