

PO Box 248 Lily Dale, NY 14752 Phone: (716) 595-8721 Fax: (716) 595-2442

## **Job Application**

Personal Information  Last	First	MI	SSN#	Email	Tallia Addition of the head
Street Address	City	ST	Zip	Home Phone	Mobile Phone
Are you entitled to work in the United States?		Are you 18 or older? 🗌 Yes 🔲 No			
What position are you applying for?		How did you hear about this position?			
Expected Hourly Rate	Date Available				
Prior Work Experience					MARKET STATE
Employer	Current or Most Recent	Prior		Prior	
			,		
Address					
City, ST, ZIP					
Telephone	,				
Name of Immediate Supervisor					
Dates of Employment	From To	From	То	From	То
Position/Job Title					
Pay					
Reason for Leaving					
May We Contact	☐ Yes ☐ No	☐ Yes ☐ No		☐ Yes ☐ No	
Education	Name/Location	Last Year Complete		Degree	Major or Emphasis
High School		9 10	11 12		
College/University		1 2	. 3 4		
Trade School					
Other					
List any applicable special skills, training or proficiencies.					•
Personal References	Reference 1	Reference 2		Reference 3	
Name	Reference 1				
Address					
City, ST, ZIP					
Telephone					
Disclaimer - By signing, I hereby certify that the above information, to the best of my knowledge, is correct. I understand that falsification of this information may prevent me from being hired or lead to my dismissal if hired. I also understand that a Background check may be performed prior to being hired. J also understand that a drug test will be administered prior to employment.		Signature			Date