

Charles T. Driscoll Masonry Restoration Co., Inc.

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EMPLOYMENT APPLICATION

Date: _____

WE ARE COMMITTED TO A POLICY OF EQUAL EMPLOYMENT OPPORTUNITY AND WILL NOT DISCRIMINATE ON ANY LEGALLY RECOGNIZED BASIS, INCLUDING BUT NOT LIMITED TO RACE, AGE, COLOR, RELIGION, SEX, MARITAL STATUS, NATIONAL ORIGIN, CITIZENSHIP, ANCESTRY, NON-JOB RELATED HANDICAP OR DISABILITY OR VETERAN STATUS.

PERSONAL BACKGROUND

NAME: _____ DATE OF BIRTH: _____
LAST FIRST MIDDLE
SOCIAL SECURITY
NUMBER: _____

PRESENT ADDRESS: _____
STREET CITY STATE ZIP CODE

PERMANENT ADDRESS: _____
STREET CITY STATE ZIP CODE

PHONE NUMBER: () _____ REFERRED BY: _____

POSITION APPLIED FOR: _____ DATE YOU CAN START: _____

ARE YOU EMPLOYED? _____ IF SO, MAY WE INQUIRE PRESENT EMPLOYER? _____

SALARY DESIRED: _____ ARE YOU WILLING TO WORK
1. OVERTIME: _____
2. OUT OF TOWN: _____

EVER APPLIED TO THIS COMPANY BEFORE? _____ WHEN?: _____

U.S. MILITARY OR NAVAL SERVICE: _____ RANK: _____

IF DRIVING IS A REQUIREMENT OF THE JOB WHICH YOU ARE APPLYING, DO YOU HAVE A CURRENT VALID DRIVERS LICENSE? _____ LICENSE #: _____ STATE: _____

AFTER EMPLOYMENT, CAN YOU SUBMIT VERIFICATION OF YOUR LEGAL RIGHT TO WORK IN THE USA: _____

HAVE YOU EVER BEEN CONVICTED OF A FELONY? _____

(A CONVICTION RECORD WILL NOT NECESSARILY BE A BAR TO EMPLOYMENT)

EDUCATIONAL BACKGROUND	NAME & LOCATION OF SCHOOL	GRADE COMPLETED	GRADUATED: YES/NO?	MAJOR AREA OF STUDY
HIGH SCHOOL				
COLLEGE				
TRADE, BUSINESS OR GRAD. SCHOOL				

SPECIALIZED TECHNICAL SKILLS (COMPUTER PROGRAMMER / LANGUAGE, EQUIPMENT OPERATOR, SPECIAL TOOLS OR MACHINES USED)

PHYSICAL RECORD

DO YOU HAVE ANY HANDICAP OR DISABILITY WHICH WOULD SUBSTANTIALLY INTERFERE WITH YOUR ABILITY TO PERFORM THE ESSENTIAL DUTIES OF THE JOB FOR WHICH YOU HAVE APPLIED? IF YES, WHAT CAN BE DONE TO ACCOMMODATE YOUR LIMITATIONS? _____

WORK EXPERIENCE

LIST BELOW LAST FOUR EMPLOYERS, STARTING WITH YOUR PRESENT OR LAST PLACE OF EMPLOYMENT:

DATE MO./YR.	NAME & ADDRESS OF EMPLOYER	SALARY	POSITION	NAME OF SUPERVISOR	REASON FOR LEAVING
FR. _____ TO					
FR. _____ TO					
FR. _____ TO					
FR. _____ TO					

MAY WE CONTACT YOUR PRESENT EMPLOYER AT THIS TIME? _____

REFERENCES

(GIVE THE NAMES OF THREE PERSONS NOT RELATED TO YOU, WHOM YOU HAVE KNOWN AT LEAST THREE YEARS)

NAME & OCCUPATION	ADDRESS	TELEPHONE NO.	YEARS KNOWN

APPLICANT'S STATEMENT

IN SIGNING THIS APPLICATION, I CERTIFY THAT ALL OF THE FOREGOING INFORMATION IS A COMPLETE AND ACCURATE STATEMENT OF THE FACTS AND UNDERSTAND THAT IF ANY MISREPRESENTATION, OMISSION OR FALSIFICATION BE DISCOVERED, IT WILL CONSTITUTE GROUNDS FOR DISMISSAL. I HEREBY AUTHORIZE YOU TO CONDUCT ANY INVESTIGATION NECESSARY CONCERNING ANY PART OF MY BACKGROUND RELATED TO THE POSITION I AM SEEKING. I RELEASE ALL PARTIES FROM ANY LIABILITY IN CONNECTION WITH THE PROVISION AND USE OF SUCH INFORMATION.

I UNDERSTAND AND AGREE THAT, IF EMPLOYED BY THIS ORGANIZATION, I WILL ABIDE BY THEIR RULES AND REGULATIONS WHICH I UNDERSTAND ARE SUBJECT TO CHANGE. I FURTHER UNDERSTAND THAT, IF HIRED, MY EMPLOYMENT IS FOR NO DEFINITE PERIOD OF TIME AND MAY BE TERMINATED BY EITHER PART AT ANY TIME.

APPLICANT'S SIGNATURE

DATE