

APPLICATION FOR EMPLOYMENT

CHENANGO CONTRACTING, INC.
29 Arbutus Rd.
Johnson City, NY 13790
(607) 729-8500

We consider applicants for all positions without regard to race, creed, color, national origin, sex, age, disability, marital status, sexual orientation, or citizenship status.

(PLEASE PRINT)

Position(s) Applied For		Date of Application			
How Did You Learn About Us?					
<input type="checkbox"/> Advertisement	<input type="checkbox"/> Relative	<input type="checkbox"/> Inquiry			
<input type="checkbox"/> Employment Agency	<input type="checkbox"/> Friend	<input type="checkbox"/> Other _____			
Last Name		First Name		Middle Name	
Address	Number	Street	City	State	Zip Code
Telephone Number(s)			Social Security Number		

Best time to contact you at home is::.....^{AM}/_{PM}

If you are under 18 years of age, can you provide required proof of your eligibility to work? Yes No

Have you ever filed an application with us before? Yes No

If Yes, give date _____

Have you ever been employed with us before? Yes No

If Yes, give date _____

Are you currently employed? Yes No

May we contact your present employer? Yes No

Date available for work ____/____/____ What is your desired salary range? _____

Are you available to work: Full Time (Please indicate 1 2 3 shift)
 Part Time (Please indicate Mornings Afternoon Evenings)
 Temporary (Please indicate dates available ____/____/____ - ____/____/____)

Are you currently on "lay-off" status and subject to recall? Yes No

Can you travel if a job requires it? Yes No

Have you been convicted of a felony within the last five years? Yes No

A criminal record does not constitute an automatic bar to employment and will be considered only as it relates to the job in question.

WE ARE AN EQUAL OPPORTUNITY EMPLOYER

EDUCATION

	Name and Address of School	Course of Study	Years Completed	Diploma Degree
Elementary School				
High School				
Undergraduate College				
Graduate Professional				
Other (Specify)				

Describe any specialized training, apprenticeship, skills and extra-curricular activities.

Do you have certification for 40-hour Hazardous Waste Operator (HAZWOP)? Yes _____ No _____

If yes do you have a current 8-hour refresher certification? Yes _____ No _____

Do you have certification for OSHA 10-hour Construction Safety and Health? Yes _____ No _____

Do you have certification for Forklift Operations? Yes _____ No _____

Do you have certification in Adult CPR and Standard First Aid? Yes _____ No _____

Do you have a DOT Driver Medical Exam Certificate? Yes _____ No _____

Please provide copies of all certifications that you currently have related to 40-hour, 8-hour, 10-hour, Forklift Certification, CPR/First Aid, DOT, etc.

Describe any job-related training received in the United States military.

EMPLOYMENT EXPERIENCE

Start with your present or last job. Include any job-related military service assignment and volunteer activities. You may exclude organizations which indicate race, creed, color, national origin, sex, age, disability, marital status, sexual orientation, or citizenship status.

1.	Employer	Dates Employed		Work Performed
		From	To	
	Address			
	Telephone Number(s)			
	Job Title	Supervisor		
Reason for Leaving				
2.	Employer	Dates Employed		Work Performed
		From	To	
	Address			
	Telephone Number(s)			
	Job Title	Supervisor		
Reason for Leaving				
3.	Employer	Dates Employed		Work Performed
		From	To	
	Address			
	Telephone Number(s)			
	Job Title	Supervisor		
Reason for Leaving				
4.	Employer	Dates Employed		Work Performed
		From	To	
	Address			
	Telephone Number(s)			
	Job Title	Supervisor		
Reason for Leaving				

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

List professional, trade, business or civic activities and offices held.

You may exclude memberships which indicate race, creed, color, national origin, sex, age, disability, marital status, sexual orientation, or citizenship status.

ADDITIONAL INFORMATION

Other Qualifications

Summarize special job-related skills and qualifications acquired from employment or other experience.

SPECIALIZED SKILLS (CHECK SKILLS/EQUIPMENT OPERATED)

<input type="checkbox"/> Terminal	<input type="checkbox"/> Spreadsheet	Production/Mobile Machinery (list)	Other (list)
<input type="checkbox"/> PC/MAC	<input type="checkbox"/> Word Processing	_____	_____
<input type="checkbox"/> Typewriter	<input type="checkbox"/> Shorthand	_____	_____
WPM _____	WPM _____	_____	_____
		_____	_____

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

Note to Applicants: DO NOT ANSWER THIS QUESTION UNLESS YOU HAVE BEEN INFORMED ABOUT THE REQUIREMENTS OF THE JOB FOR WHICH YOU ARE APPLYING.

Are you capable of performing in a reasonable manner, with or without a reasonable accommodation, the activities involved in the job or occupation for which you have applied? A review of the activities involved in such a job or occupation has been given. YES NO

REFERENCES

1.	()	Phone #
(Name)		
(Address)		
2.	()	Phone #
(Name)		
(Address)		
3.	()	Phone #
(Name)		
(Address)		

APPLICANT'S STATEMENT

I certify that answers given herein are true and complete.

I authorize investigation of all statements contained in this application for employment as may be necessary in arriving at an employment decision.

This application for employment shall be considered active for a period of time not to exceed 45 days. Any applicant wishing to be considered for employment beyond this time period should inquire as to whether or not applications are being accepted at that time.

I hereby understand and acknowledge that, unless otherwise defined by applicable law, any employment relationship with this organization is of an "at will" nature, which means that the Employee may resign at any time and the Employer may discharge Employee at any time with or without cause. It is further understood that this "at will" employment relationship may not be changed by any written document or by conduct unless such change is specifically acknowledged in writing by an authorized executive of this organization.

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 employer.

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

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