

APPLICANT'S STATEMENT:

I hereby affirm that the information provided on this application (and accompanying resume, if any) is true and complete to the best of my knowledge. I also agree that any false information or significant omissions may disqualify me from further consideration for employment and may be considered justification for dismissal if discovered at a later date.

I authorize a thorough investigation of my past employment and activities including a background check. I agree to cooperate in such investigation, and release from all liability or responsibility all persons and entities requesting or supplying such information. I acknowledge receipt of a Fair Credit Protection Act Notice & Disclosure form and understand that I will not be considered for employment unless and until I provide a signed authorization to obtain investigation reports.

I hereby agree to submit to any lawful drug or integrity testing that may be required as a condition of employment or continued employment.

I understand that my employment is terminable at will, that I am not being employed for any specified time and that this application is not and is not intended to be a contract for continued employment.

I understand that according to federal law all individuals who are hired must as a condition of employment, produce certain documentation to verify their identity and U.S. citizen status or if aliens, their legal authorization to work in the U.S.. As a consequence, I understand that any offer of employment would be contingent on my ability to produce the required documentation within the period required by law.

Signature of Applicant

Date

Thank you for your interest



Graver Technologies

300 W. Main Street, Honeoye Falls, NY 14472
Tel: 585-624-1330
Fax: 585-624-1205



Application for Employment

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Tel: 585-624-1330
Fax: 585-624-1205

Date of Application:

This application for employment shall be considered active for a period of time not to exceed 45 days.

Please print your information below:

Last Name: _____ First Name: _____ Middle Name: _____

Address: _____ City: _____ State: _____ Zip: _____

Telephone Number: () _____ Social Security Number: _____

Position you are applying for: _____

Please Check All Boxes That Apply:

Full Time Part Time 1st Shift 2nd Shift 3rd Shift

Are you able to work overtime if required? Yes No

On what date are you available to start work? _____

Are you currently employed? Yes No

May we contact your current employer? Yes No

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

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

How were you referred to the position you are applying for? Newspaper Employee Walk-In Sign

Other

Name of employee that referred you: _____

Have you completed an application with us before? Yes No

If Yes, give date: _____

Have you been employed with us before? Yes No

If Yes, give date: _____

Are you prevented from lawfully becoming employed in this country because of visa or immigration status? Yes No
(Proof of U.S. Citizenship or Immigration Status will be required upon employment)

Can you meet the attendance requirements of the job? Yes No

Are you able to travel if the position requires it? Yes No

Can you perform the essential functions of the job for which you are applying either with or without reasonable accommodations? Yes No

Please print your information below

EMPLOYMENT

Start with your present or most recent job, include any job-related military assignments and volunteer activities. You may exclude any organizations that indicate race, color, religion, gender, national origin, handicap or other protected status.

EMPLOYER: _____ Telephone: _____

Address: _____ Start date: _____

Supervisor name & title: _____ End date: _____

Your job title: _____ Starting salary: _____

Reason for leaving: _____ Ending salary: _____

Duties: _____

EMPLOYER: _____ Telephone: _____

Address: _____ Start date: _____

Supervisor name & title: _____ End date: _____

Your job title: _____ Starting salary: _____

Reason for leaving: _____ Ending salary: _____

Duties: _____

EMPLOYER: _____ Telephone: _____

Address: _____ Start date: _____

Supervisor name & title: _____ End date: _____

Your job title: _____ Starting salary: _____

Reason for leaving: _____ Ending salary: _____

Duties: _____

References may be requested

Please print your information below

EDUCATION

High School

Undergraduate

Graduate

Professional/other

School Name: _____

and location: _____

Circle # of years completed: 9 10 11 12 9 10 11 12 9 10 11 12 9 10 11 12

Diploma or degree: _____

Major course of study: _____

List any honors, specialized training, apprenticeship, skills, computer skills, or extra-curricular activities relevant to the position for which you are applying: (You should omit those which would identify your race, color, religion, gender, national origin, handicap or other protected status.)

ADDITIONAL INFORMATION

Please indicate experience you have had with the following relevant to the position for which you are applying:

Calipers Tape measure Other

Types of office equipment

Computers/software

Other

ADDITIONAL COMMENTS:
