



**KILLAWOG, NY  
607-849-3787**

**GENERAL INFORMATION**

Name (Last)	(First)	(Middle Initial)	Home Telephone ( ) -
Address (Mailing Address)	(City)	(State)	(Zip) Cellular Telephone ( ) -
E-Mail Address	SSN #		
Drivers License Number	Are you over 18 years of age? <input type="checkbox"/> Over 21 years of age? <input type="checkbox"/>		
Have you been convicted or pled guilty to a felony? <input type="checkbox"/> Yes <input type="checkbox"/> No	Are you legally entitled to work in the U.S.? <input type="checkbox"/> Yes <input type="checkbox"/> No		

**POSITION**

Position Or Type Of Employment Desired	Will Accept: <input type="checkbox"/> Part-Time <input type="checkbox"/> Full-Time <input type="checkbox"/> Temporary	Shift: <input type="checkbox"/> Day <input type="checkbox"/> Night <input type="checkbox"/> Weekends <input type="checkbox"/> Any
Are you able to perform the essential functions of the job you are applying for, with or without reasonable accommodation? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Salary Desired	Date Available	

**EDUCATION AND TRAINING**

High School Graduate Or General Education (GED) Test Passed?  Yes  No  
If no, list the highest grade completed

**College, Business School, Military (Most recent first)**

Name and Location	Dates Attended Month/Year	Credits Earned		Graduate	Degree & Year	Major or Subject
		Quarterly or Semester Hours	Other (Specify)			
	From To			<input type="checkbox"/> Yes <input type="checkbox"/> No		
	From To			<input type="checkbox"/> Yes <input type="checkbox"/> No		
	From To			<input type="checkbox"/> Yes <input type="checkbox"/> No		
	From To			<input type="checkbox"/> Yes <input type="checkbox"/> No		

**REFERENCES:**

Name:	Phone Number	Address	Years Known

Languages Read, Written or Spoken Fluently Other Than English

**VETERAN INFORMATION (Most recent)**

Branch of Service	Date of Entry	Date of Discharge
-------------------	---------------	-------------------

**SPECIAL SKILLS** (List all pertinent skills, computer, and equipment that you can operate)

(Maximum 1000 characters)

**WORK EXPERIENCE** (Most Recent First) (Include voluntary work)

Employer	Telephone Number ( ) -	From (Month/Year)
Address		
Job Title	Number Employees Supervised	To (Month/Year)
Specific Duties (Maximum 1000 characters)		Hours Per Week
		Last Salary
		Supervisor
		Reason For Leaving
Employer	Telephone Number ( ) -	From (Month/Year)
Address		
Job Title	Number Employees Supervised	To (Month/Year)
Specific Duties (Maximum 1000 characters)		Hours Per Week
		Last Salary
		Supervisor
		Reason For Leaving
Employer	Telephone Number ( ) -	From (Month/Year)
Address		
Job Title	Number Employees Supervised	To (Month/Year)
Specific Duties (Maximum 1000 characters)		Hours Per Week
		Last Salary
		Supervisor
		Reason For Leaving
Employer	Telephone Number ( ) -	From (Month/Year)
Address		
Job Title	Number Employees Supervised	To (Month/Year)
Specific Duties (Maximum 1000 characters)		Hours Per Week
		Last Salary
		Supervisor
		Reason For Leaving

I certify the information contained in this application is true, correct, and complete. I understand that, if employed, false statements reported on this application may be considered sufficient cause for dismissal.

Signature of Applicant \_\_\_\_\_ Date \_\_\_\_\_