



18 Genesee St
Greene NY 13778
607-656-7535 office/fax
Application for Employment

To be considered for employment with T&K Harrington, LLC this form must be completed in its entirety.

Applicant name: _____ Date: _____

Position(s) applied for or type of work desired: _____

Address: _____

Telephone #: _____ Social Security #: _____

Date you will be available to start work: _____

Do you have any objections to working overtime if necessary? Yes No

Can you travel if required by this position? Yes No

Have you ever been previously employed by our organization? Yes No

Have you ever been convicted of a crime in the last 7 years? Yes No

If yes, please explain (a conviction will not automatically bar employment): _____

Drivers License #: _____ Class: _____ State Issued: _____

How were you referred to us? _____

Do you have any medical conditions that we should be aware of? (Please explain) _____

Employment History

Please provide all employment information for the past 10 years starting with the most recent.

Employer: _____ Position held: _____

Address: _____ Telephone #: _____

Immediate supervisor and title: _____

Dates employed - From: _____ To: _____ Salary: _____

Job Summary: _____

Reason for leaving: _____

Employment History (Continued)

Employer: _____ Position held: _____

Address: _____ Telephone #: _____

Immediate supervisor and title: _____

Dates employed - From: _____ To: _____ Salary: _____

Job Summary: _____

Reason for leaving: _____

Employer: _____ Position held: _____

Address: _____ Telephone #: _____

Immediate supervisor and title: _____

Dates employed - From: _____ To: _____ Salary: _____

Job Summary: _____

Reason for leaving: _____

Employer: _____ Position held: _____

Address: _____ Telephone #: _____

Immediate supervisor and title: _____

Dates employed - From: _____ To: _____ Salary: _____

Job Summary: _____

Reason for leaving: _____

Accident Record (For past 3 years, use additional sheet if needed. If none, write none)

Dates	Nature of Accident	Fatalities	Injuries	Hazardous Material Spill

Traffic Convictions (and forfeitures for past 3 years, use additional sheet if needed. If none, write none)

Location	Date	Charge	Penalty

Other Skills and Qualifications

Summarize any job related training, skills, licenses, certificates, and/or other qualifications:

Educational History

List school name and location, years completed, course of study and any degrees earned:

High School: _____

College: _____

Technical Training: _____

Other: _____

References

List 3 reference names, telephone #, and years known (do not include relatives or employers).

We are an equal opportunity employer and do not unlawfully discriminate in employment. No question on this application is used for the purpose of limiting or excluding any applicant from consideration for employment on a basis prohibited by local, state, or federal law. Equal access to employment, services, and programs is available to all persons. Those applicants requiring reasonable accommodation to the applicant and/or interview process should notify a representative of the organization. All applicants must be over 18 years of age.

I hereby authorize the potential employer to contact, obtain, and verify the accuracy of information contained in this application from all previous employers, educational institutions, and references. I also hereby release from liability the potential employer and its representatives for seeking, gathering, and using such information to make employment decisions and all other persons or organizations for providing such information.

I understand that any misrepresentation or material omission made by me on this application will be sufficient cause for cancellation of this application or immediate termination of employment if I am employed, whenever it may be discovered.

If I am employed, I acknowledge that there is no specified length of employment and that this application does not constitute an agreement or contract for employment. Accordingly, either I or the employer can terminate the relationship at will, with or without cause, at any time, so long as there is no violation of applicable federal or state law.

I understand that it is the policy of this organization not to refuse to hire or otherwise discriminate against a qualified individual with a disability because of that persons need for a reasonable accommodation as required by the ADA.

I also understand that if I am employed, I will be required to provide satisfactory proof of identity and legal work authorization within three days of being hired. Failure to submit such proof within the required time shall result in immediate termination of employment.

I represent and warrant that I have read and fully understand the foregoing, and that I seek employment under these conditions.

Application signature: _____ Date: _____