



## APPLICATION FOR EMPLOYMENT

This application is for all positions without regard to race, color, religion, sex, national origin, age, marital or veteran status, the presence of non-job related medical condition or handicap or any other legally protected status.

### PERSONAL INFORMATION

Date: \_\_\_\_\_ Social Security Number \_\_\_\_\_

Name: \_\_\_\_\_  
First Middle Last

Address: \_\_\_\_\_  
Street City State Zip

Home Phone: ( ) \_\_\_\_\_ Cell Phone: ( ) \_\_\_\_\_

If hired can you furnish proof that you are either a U.S. citizen or a non-citizen entitled to work in the United States? Y  N

Are you under 18 years of age now? Y  N

### EMPLOYMENT DESIRED

Position Applied for \_\_\_\_\_ Date Available \_\_\_\_\_

Are you employed now? Y  N  If so, may we contact your present employer? Y  N  Salary Desired \_\_\_\_\_

Type of employment you are seeking: Full Time  Part Time  Temporary  If temporary from \_\_\_\_\_ to \_\_\_\_\_

### EDUCATION HISTORY

	Name and Location of School	Circle Last Year Completed	Did You Graduate?	Subjects Studied and Degree(s) Received
High School		1 2 3 4	Yes <input type="checkbox"/> No <input type="checkbox"/>	
Trade, Business or Correspondence School		1 2 3 4	Yes <input type="checkbox"/> No <input type="checkbox"/>	
College		1 2 3 4	Yes <input type="checkbox"/> No <input type="checkbox"/>	

Do you have your OSHA 10-Hour labor card? Yes  No

Do you have your OSHA 30-Hour labor card? Yes  No

Are you a member of a union? Yes  No  If yes what is the union name? \_\_\_\_\_

Do you have a driver's license? Yes  No  If yes what class? \_\_\_\_\_

Skill level: Journeyman Yes  No  Apprentice Yes  No  If Apprentice, what level (circle one)? 1 2 3 4



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### FORMER EMPLOYERS

*List Below Last Three Employers, Starting with Most Recent*

Date Month and Year	Name, Address and Telephone # of Employer	Last Pay Rate	Position	Immediate Supervisor	Reason for Leaving
From					
To					
From					
To					
From					
To					

### REFERENCES

*Give Below the Name of Three Persons Not Related to You, Whom You Have Known at Least One Year*

Name	Address	Business	Telephone

I voluntarily give Iroquois Bar Corp./Oneida Trucking the right to make inquiry of my past employment and activities and to release from all liability and/or responsibility all persons, companies, or corporations supplying such information. I agree to abide by all rules and policies of the Company and I further understand that any direct and/or implied misrepresentation by me on this application or supplemental information will be sufficient grounds for disciplinary actions and/or possible charges. If employed, my employment may be terminated with or without cause, and with or without notice, at any time, at the option of either the company or me, I further understand that no representation, whether oral or written by any representative or agent of the Company, at any time, can constitute a contract of employment. I understand that the Company and all Plan Administrators shall have the maximum discretion permitted by law to administer, interpret, modify, discontinue, enhance or otherwise change all policies, procedures, benefits or other terms or conditions of employment. No representative or agent of the company, has the authority to enter into any agreement for employment for any specified period of time or to make any change in any policy, procedure, benefit or other term or condition of employment other than in a document signed by the president, or to make any agreement contrary to the foregoing.

I acknowledge that I have read and understand the above statements and hereby grant permission to confirm the information supplied on this application by me.

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

**IROQUOIS BAR CORP.  
155 COMMERCE DRIVE  
LACKAWANNA, NY 14218**

**BACKGROUND INVESTIGATION CONSENT**

I, \_\_\_\_\_, hereby authorize Iroquois Bar Corp and/or its agents to make an independent investigation of my background, references, character, past employment, education, credit history, Motor Vehicle Reports (MVR), criminal or police records, including those maintained by both public and private organizations and all public records for the purpose of confirming the information contained on my Application and/or obtaining other information which may be material to my qualifications for employment now and, if applicable, during the tenure of my employment with Iroquois Bar Corp.

I release Iroquois Bar Corp and/or its agents and any person or entity, which provides information pursuant to this authorization, from any and all liabilities, claims or lawsuits in regards to the information obtained from any and all of the above referenced sources used.

The following is my true and complete legal name, and all information is true and correct to the best of my knowledge:

\_\_\_\_\_  
**Full Name (Printed)**

\_\_\_\_\_  
**Maiden Name or Other Names Used**

\_\_\_\_\_  
**Present Address** **How Long?**

\_\_\_\_\_  
**City / State** **Zip Code**

\_\_\_\_\_  
**Former Address** **How Long?**

\_\_\_\_\_  
**City / State** **Zip Code**

\_\_\_\_\_  
**\*Date of Birth**      **Social Security Number**      **Driver's Lic. Number**      **State of Lic.**

\_\_\_\_\_  
**Signature** **Date**

\*NOTE: The above information is required for identification purposes only, and is in no manner used as qualifications for employment. Iroquois Bar Corp is an Equal Opportunity Employer, and does not discriminate on the basis of Sex, Race, Religion, Age (40 and over), Handicap or National Origin.