



1294 State Hwy 12  
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 the past 3 years, if none, write none

Location	Date	Charge	Penalty

## Other Skills and Qualifications

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

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## 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)

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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: \_\_\_\_\_