



All County Construction Application for Employment

4846 Route 104, Williamson, NY 14589 Ph: 315-589-8661 Fax: 315-589-3349

Prospective employees will receive consideration without discrimination due to race, creed, color, sex, age, national origin, handicap or veteran status

P E R S O N A L	Last Name First Middle		Date:	
	Street Address		Home Telephone:	
	City	State	Zip	How Long at This Address?
	Have you ever applied for employment with us? <input type="checkbox"/> Yes <input type="checkbox"/> No		Social Security #:	
	Position Desired:	Please state your date of birth: ____/____/____		Desired Salary:
	Apart from absence for religious observance, are you available for full-time work? <input type="checkbox"/> Yes <input type="checkbox"/> No If not, what hours can you work?		Will you work overtime if asked? <input type="checkbox"/> Yes <input type="checkbox"/> No	
	Are you legally eligible for employment in the United States?	Please list an emergency contact and phone number:		Date available to begin work:
	Position you are applying for? (Circle any that you have skills or training in):			
	Paving Forman _____ Years Exp.		Excavation Forman _____ Years Exp.	
	Equipment Operator _____		Paver Operator _____	
Screed Operator _____		Roller Operator _____		
Lute/Raker Person _____		Tamper Person _____		
General Laborer _____		Concrete/Mason _____		
Pipe Layer _____		Sales Person _____		
Class A Truck Driver _____		Class B Truck Driver _____		
Do you have any impairment or physical limitations that would interfere with your ability to perform the job for which you are applying? <input type="checkbox"/> Yes <input type="checkbox"/> No If "yes" describe in full:				
Have you ever been convicted of a crime, excluding misdemeanors and summary offenses, which has not been annulled, expunged or sealed by a court? <input type="checkbox"/> Yes <input type="checkbox"/> No If "yes" describe in full:				
Do you have a driver's license? <input type="checkbox"/> Yes <input type="checkbox"/> No If so, what is your license ID # and class: ID#: _____ Class: _____				

E D U C A T I O N	School	Name and Location of School	Course of Study	# of Years Completed	Did You Graduate?	Degree or Diploma?
	Graduate				<input type="checkbox"/> Yes <input type="checkbox"/> No Dates Attended:	
	College				<input type="checkbox"/> Yes <input type="checkbox"/> No Dates Attended:	
	Business/Trade/ Technical				<input type="checkbox"/> Yes <input type="checkbox"/> No Dates Attended:	
	High School				<input type="checkbox"/> Yes <input type="checkbox"/> No Dates Attended:	

Personal References (please list three)					
#	Name	Address	Business	Phone#	How long?
1					
2					
3					

I authorize present and former employers, and individuals I have listed above, to furnish information about my employment record, including a statement of the reason for the termination of my employment, work performance, abilities, and other qualities pertinent to my qualifications for employment, hereby releasing them from any and all liability for damages arising from furnishing the requested information.

MILITARY

Did you serve in the U.S. Armed Forces? <input type="checkbox"/> Yes <input type="checkbox"/> No	If "yes", in what branch and for how long?
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EMPLOYMENT HISTORY	Please give accurate, complete full-time and part-time employment record. Start with your present or most recent employer.
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1	Company Name:	Telephone:
	Address:	State Date: Stop Date:
	Name of Supervisor:	Starting Salary: Ending Salary:
	State Job Title and Describe Your Duties:	Reason for Leaving:

2	Company Name:	Telephone:
	Address:	State Date: Stop Date:
	Name of Supervisor:	Starting Salary: Ending Salary:
	State Job Title and Describe Your Duties:	Reason for Leaving:

3	Company Name:	Telephone:
	Address:	State Date: Stop Date:
	Name of Supervisor:	Starting Salary: Ending Salary:
	State Job Title and Describe Your Duties:	Reason for Leaving:

We may contact the employers listed above unless you indicate those you do not want us to contact.	DO NOT CONTACT
	Employer Number(s) _____ Reason _____

S I G N A T U R E	The information provided in this application for employment is true, correct and complete. If you employ me, any misstatement or omission of fact on this application may result in my dismissal. I authorize investigation of all statements contained in this application. Further, I understand that my employment is not for a definite period of time and may, regardless of the date of payment of my wages and salary, be terminated at any time without any previous notice. I also understand that acceptance of an offer of employment creates no obligation upon the employer to continue to employ me in the future.
	_____ Date
	_____ Signature

** FOR OFFICE USE ONLY **			
Hired or Keep on File: _____	Start Date:	_____	
Start Pay: _____	Locker #:	_____	Radio #: _____
Position: _____	Time Card #:	_____	Gate Card #: _____