



8320 Quarry Road Niagara Falls, NY 14304

NEW EMPLOYEE FORM

Full Name: _____ Date: _____
First Last M.I.

Address: _____
Street Address Apartment/Unit #

City State ZIP Code

Phone: _____ Email: _____

Date of Birth: _____ Social Security No.: _____

Are you a citizen of the United States? YES ☐ NO ☐ If no, are you authorized to work in the U.S.? YES ☐ NO ☐

Have you ever worked for this company? YES ☐ NO ☐ If yes, when? _____

Do you have a valid driver's license? YES ☐ NO ☐

Position

Do you belong to a union? YES ☐ NO ☐ If yes, which union: _____

If yes to above, are you an apprentice or Journeyman: _____

Pay Rate: _____ OSHA 10? YES ☐ NO ☐

Emergency Contact

Full Name: _____ Relationship: _____

Phone: _____

Address: _____

Previous Employment

Company: _____ Phone: _____

Address: _____ Supervisor: _____

Job Title: _____

Responsibilities: _____

From: _____ To: _____ Reason for Leaving: _____

May we contact your previous supervisor for a reference? YES NO
 ☐ ☐

Disclaimer and Signature

I certify that my answers are true and complete to the best of my knowledge.

If this application leads to employment, I understand that false or misleading information in my application or interview may result in my release.

Signature: _____ Date: _____