Employment Application Form

PLEASE PRINT ALL INFORMATION REQUESTED EXCEPT SIGNATURE



PLEASE COMPLETE I	DATE					
Name						
Last		First		Middle		den
Present address	Number	Street	City		State	Zip
Telephone ()	elephone ()		Email			
If under 18, please list a	age					
				Days available to work:		
				☐ ANY// ☐ Monda☐ Tuesd☐ Wedne	ay □ ay □	Thursday I Friday I Saturday I Sunday
How many hours can ye	ou work weekly?		Can you v	vork nights?		
	FULL-TIME ONLY					
When available for worl	Seasor	onal: to				
	(seasonal applicants requiring	☐ YES ☐ NO personal/vacation time during	g the season	will have less priority)		
TYPE OF SCHOOL	NAME OF SCHOOL	LOCATION (Complete mailing address)		= = = = = = = = = = = = = = = = = = = =		JOR & GREE
High School		,				
College						
Bus. or Trade School						
Professional School						
If yes, explain number of	IN CONVICTED OF A CRI of conviction(s), nature of c imposed, and type(s) of re	offense(s) leading to con		Yes how recently such of	ffense(s) w	as/were

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APPLICATION FOR EMPLOYMENT

_ □ Operator □ Commercial (CDL) □ Chauffeur
How many?
ne
ition
npany
ress
ephone ()
escribe your full qualifications for the specific position for

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APPLICATION FOR EMPLOYMENT

MILI	TARY						
HAVE YOU EVER BEEN IN THE ARMED FORCES?	□ Yes □ No						
ARE YOU NOW A MEMBER OF THE NATIONAL GUARD?	□ Yes □ No						
Specialty Date En	itered Disc	charge Date					
		•					
Work Please list your work experience for the past five years beginning with your most recent job held. Experience If you were self-employed, give firm name. Attach additional sheets if necessary.							
Name of employer Address	Name of last supervisor	Employment dates					
City, State, Zip Code		From					
Phone number		То					
	Your last job title						
Reason for leaving (be specific)							
Name of employer Address	Name of last supervisor	Employment dates					
City, State, Zip Code		From					
Phone number		То					
Thore number	Your Last Job Title						
Reason for leaving (be specific)							
List the jobs you held, duties performed, skills used or learned,	advancements or promotions:						

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Work



APPLICATION FOR EMPLOYMENT

Work experience	Please list your work experience for the past five years beginning with your most recent job held. If you were self-employed, give firm name. Attach additional sheets if necessary.					
Name of employer Address		Name of last supervisor	Employment dates			
City, State, Zip Code Phone number				From		
			Your last job title			
Reason for leav	ing (be specific)		Tour last job title			
List the jobs you	ı held, duties performed, ski	lls used or learned	d, advancements or promotions:			
Name of employer Address		Name of last supervisor	Employment dates			
City, State, Zip Code	City, State, Zip		·	From To		
Phone number			Your last job title			
Reason for leav	ing (be specific)					
List the jobs you	ı held, duties performed, ski	lls used or learned	d, advancements or promotions:			
	your present employer?	□ Yes □ No □ Yes □ No				
If not, who did?						

PLEASE READ CAREFULLY

APPLICATION FORM WAIVER

In exchange for the consideration of my job application by _Ausable Chasm (hereinafter called "the

Company"), I agree that: Neither the acceptance of this application nor the subsequent entry into any type of employment relationship, either in the position applied for or any other position, and regardless of the contents of employee handbooks, personnel manuals, benefit plans, policy statements, and the like as they may exist from time to time, or other Company practices, shall serve to create an actual or implied contract of employment, or to confer any right to remain an employee of the company, or otherwise to change in any respect the employment-at-will relationship between it and the undersigned, and that relationship cannot be altered except by a written instrument signed by the President /General Manager of the Company. Both the undersigned and the company may end the employment relationship at any time, without specified notice or reason. If employed, I understand that the Company may unilaterally change or revise their benefits, policies and procedures and such changes may include reduction in benefits. I authorize investigation of all statements contained in this application. I understand that the misrepresentation or omission of facts called for is cause for dismissal at any time without any previous notice. I hereby give the Company permission to contact schools, previous employers (unless otherwise indicated), references, and others, and hereby release the Company from any liability as a result of such contract. I understand that, in connection with the routine processing of your employment application, the Company may request from a consumer reporting agency an investigative consumer report including information as to my credit records, character, general reputation, personal characteristics, and mode of living. Upon written request from me, the Company, will provide me with additional information concerning the nature and scope of any such report requested by it, as required by the Fair Credit Reporting Act. I further understand that my employment with the Company shall be "at will" as described by New York State

Signature of applicant: _____ Date:

Labor Law. My employment relation with the Company is terminable at will for any reason by either party.

Ausable Chasm Company is an equal employment opportunity employer. We adhere to a policy of making employment decisions without regard to race, color, religion, sex, sexual orientation, national origin, citizenship, age or disability. We assure you that your opportunity for employment with Ausable Chasm Company depends solely on your qualifications.

Thank you for completing this application form and for your interest in our business.