

# Employment Application Form

**PLEASE PRINT ALL  
INFORMATION REQUESTED  
EXCEPT SIGNATURE**

**CHAUTAUQUA MACHINE SPECIALTIES, LLC**  
**1880 OPEN MEADOWS ROAD**  
**ASHVILLE, NY 14710**

Date \_\_\_\_\_

**APPLICANTS MAY BE TESTED FOR ILLEGAL DRUGS**

Name \_\_\_\_\_  

Last
First
Middle
Maiden

Present address \_\_\_\_\_  

Number
Street
City
State
Zip

How long \_\_\_\_\_ Social Security No. \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Telephone (\_\_\_\_) \_\_\_\_\_

If under 18, please list age \_\_\_\_\_

How many hours can you work weekly? \_\_\_\_\_ Can you work nights? \_\_\_\_\_

Employment desired     FULL-TIME ONLY     PART-TIME ONLY     FULL- OR PART-TIME

When available for work? \_\_\_\_\_

May we contact your present employer?     Yes     No

Did you complete this application yourself     Yes     No

If not, who did? \_\_\_\_\_

	NAME OF SCHOOL	LOCATION	NUMBER OF YEARS COMPLETED	MAJOR & DEGREE
High School				
College				
Bus. or Trade School				
Professional School				

HAVE YOU EVER BEEN CONVICTED OF A CRIME?     No     Yes

If yes, explain number of conviction(s), nature of offense(s) leading to conviction(s), how recently such offense(s) was/were committed, sentence(s) imposed, and type(s) of rehabilitation. \_\_\_\_\_

DO YOU HAVE A DRIVER'S LICENSE?     Yes     No

ARE YOU A U.S. CITIZEN?     Yes     No

**MILITARY**

HAVE YOU EVER BEEN IN THE ARMED FORCES?     Yes     No

ARE YOU NOW A MEMBER OF THE NATIONAL GUARD?     Yes     No

Specialty \_\_\_\_\_ Date Entered \_\_\_\_\_ Discharge Date \_\_\_\_\_

### WORK HISTORY

Please list your work experience for beginning with your most recent job held.  
If you were self-employed, give firm name. **Attach additional sheets if necessary.**

Name of employer Address	Position	Employment dates	Pay or salary
City, State, Zip Code Phone number		From To	Start Final
Reason for leaving (be specific)			
List the jobs you held, duties performed, skills used or learned, advancements or promotions while you worked at this company.			
Name of employer Address	Position	Employment dates	Pay or salary
City, State, Zip Code Phone number		From To	Start Final
Reason for leaving (be specific)			
List the jobs you held, duties performed, skills used or learned, advancements or promotions while you worked at this company.			
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Reason for leaving (be specific)			
List the jobs you held, duties performed, skills used or learned, advancements or promotions while you worked at this company.			

### REFERENCES

Please give three references not related to you.

Name	Phone	Occupation	Years known

Signature of applicant \_\_\_\_\_ Date: \_\_\_\_\_