

Application for Employment at Letchworth Concessions

The Basics Inc / Jennifer Ladd

COMMENTS:

Date _____
 Location desired _____

Mail to:
 P.O. Box 137 Livonia NY 14487

This 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 this Company depends solely on your qualifications.

Name _____
LAST FIRST MIDDLE MAIDEN

Present address _____
Number Street City State Zip

Telephone _____

Another Telephone _____ Cell

Days/hours available to work

Mon _____ Tue _____ Wed _____ Thur _____ Fri _____ Sat _____ Sun _____

If under 18, please list age _____ Working Papers _____

How many hours can you work weekly? _____

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

Have you or any relative ever worked in Letchworth if so who _____ Dates _____

When are you available to start work? _____

Any Days you need off From April 1st to Nov 1st _____

TYPE OF SCHOOL	NAME OF SCHOOL	LOCATION (Complete mailing address)	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

What is your means of transportation to work? _____

Driver's license number _____ State of issue _____ Operator Commercial (CDL) Chauffeur
Expiration date _____

Please list two references other than relatives or previous employers.

Name _____ Name _____

Position _____ Position _____

Company _____ Company _____

Address _____ Address _____

Telephone () _____

Telephone () _____

Work Experience Please list your work experience for the beginning with your most recent job held.

Name of employer Address City, State, Zip Code Phone number	Name of last supervisor	Employment dates	Pay or salary
		From To	Start Final
Your last job title			
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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May we contact your present employer? Yes No

Signature of applicant _____ Date: _____

* Signature is implied when submitting the form via e-mail.

* Chrome users need to open this form in Adobe Reader in order to Send via Email.