



TRIPLE "A" BUILDING CENTER

www.triplea.doitbest.com

MASSENA
 3 Malby Avenue
 Massena, NY 13662
 Phone (315) 764-0596
 Fax (315) 769-6022

CANTON
 25 Commerce Lane
 Canton, NY 13617
 Phone (315) 386-4531
 Fax (315) 386-4656

POTSDAM
 6580 State Highway 56
 Potsdam, NY 13676
 Phone (315) 265-2350
 Fax (315) 265-0932

APPLICATION FOR EMPLOYMENT

INSTRUCTIONS

Each question should be fully and accurately answered. No action can be taken on this application until all questions have been answered. Use blank paper if you do not have enough room on this application. **PLEASE PRINT**, except for signature on back of application

Job Applied For: _____ Today's Date: _____

When could you start to work? _____

PERSONAL DATA

Last Name	First name	Middle Name	Telephone Number
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Present Street Address	City	State	Zip
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Answer the appropriate question checked below:

Are you 18 years of age or older? Yes No

Date of Birth _____ (for jobs with minimum age requirements)
 If you are applying for a job with minimum age requirements, you may be required to submit proof of age.

Social Security Number: _____

Are you a citizen of the United States or do you have a valid work permit? Yes No

HEALTH

Do you have any physical conditions which would limit your performance of the job for which you are applying? Yes No

If yes, please explain _____

Would you take a physical examination, if required? Yes No

Driver's License Class _____

MILITARY

Military Status:

Active Duty Service From _____ to _____

Branch of Service _____

Special Duties/Special Training _____

Are you a member of a Reserve Organization? _____ Yes No

GENERAL

Were you ever employed here? Yes No If yes, when? _____

Have you ever applied here before? Yes No If yes, when? _____

Have you ever been convicted of any law violation (except a minor traffic violation)? Yes No

If yes, give details _____

Have you missed any work during the past six months? _____ Yes No

Are you now or do you expect to be engaged in any other business or employment? Yes No

If yes, please explain _____

Of what clubs, organizations, civic or other groups have you been a member in the past five years? (List offices held.) (Exclude any labor organizations or any organizations the name and character of which indicate race, color, religion, sex, age, national origin or ancestry of its members.)

Have you had your driver's license suspended or revoked in the last 3 years? _____ Yes No

EDUCATION

Name, Address and Location of School		Highest Grade Completed	Did you Graduate?	Date of Leaving
High School (or date GED completed):				
College or University:				
College Major:				
Degree:				
Additional Educational and/or Vocational or Technical Training Information:		Courses Taken	Did you Complete?	Date of Leaving
School:				
School:				
School:				

WORK HISTORY

List names of employer in consecutive order with present or last employer listed first. Account for all periods of time including military service and any period of unemployment. If self-employed, give firm name and supply business references.
PLEASE GIVE MONTH AND YEAR.

Name of Most Recent Employer:	Employed	Pay
Address:		
City, State, Zip Code:	From (mo. /yr.)	Start \$
Telephone :		
Title:	To (mo. /yr.)	Final \$
Name of Last Supervisor:		
Duties:	Reason for Leaving:	
Name of Employer:	Employed	Pay
Address:		
City, State, Zip Code:	From (mo. /yr.)	Start \$
Telephone :		
Title:	To (mo. /yr.)	Final \$
Name of Last Supervisor:		
Duties:	Reason for Leaving:	
Name of Employer:	Employed	Pay
Address:		
City, State, Zip Code:	From (mo. /yr.)	Start \$
Telephone :		
Title:	To (mo. /yr.)	Final \$
Name of Last Supervisor:		
Duties:	Reason for Leaving:	
Name of Employer:	Employed	Pay
Address:		
City, State, Zip Code:	From (mo. /yr.)	Start \$
Telephone :		
Title:	To (mo. /yr.)	Final \$
Name of Last Supervisor:		
Duties:	Reason for Leaving:	

Is any additional information relative to change of name, use of assumed name, or nickname necessary to enable us to check your work record?..... Yes No

Are you presently employed?..... Yes No

If yes, may we contact your present employer?..... Yes No

Have you ever been fired from a job or asked to resign?..... Yes No

SPECIAL SKILLS
(Including Volunteer Experience)

REFERENCES

Give five professional work-related references:

Name	Address	Phone	Occupation

INVESTIGATIVE CONSUMER REPORT

In making this application for employment, it is understood that an investigation may be made whereby information is obtained through personal interviews with your neighbors, friends and others with whom you are acquainted. This inquiry includes information as to your character, general reputation, personal characteristics and mode of living. You have the right to make a written request within a reasonable period of time for complete and accurate disclosure of additional information concerning the nature and scope of this investigation.

AFFIDAVIT

I certify that the answers given by me to the foregoing questions and statements are true and correct without consequential omissions of any kind whatsoever. I agree that the company shall not be liable in any respect if my employment is terminated because of falsity of statements, answers or omissions made by me in this questionnaire. I also authorize the companies, schools or persons named above to give any information regarding my employment, character and qualifications. I hereby release said companies, schools or persons from all liability for any damage for issuing this information. I certify that all statements and answers to questions about my health are true and was made by me without any reservations. I expressly waive all provisions of law prohibiting any physician, person, hospital or other institution that has or may hereafter attend or furnish me with treatment from disclosing to the company any knowledge or information thereby acquired. I understand that any misleading or incorrect statements may render this application void, and if employed, would be cause for termination. I understand there is no express or implied contract of employment and that if employed I have been hired at the will of the employer and that my employment may be terminated at will, at any time; and with or without cause, the employer's only obligation being to pay salary or wages due and owing at the time of the termination. Finally, I understand that all company property must be returned and my indebtedness to the company must be paid before my termination. I authorize the company to deduct from my final paycheck(s) all monies due and owing to the company.

Signature _____ Date _____

Do not write below this line

COMPANY USE ONLY

Do not write below this line

Disposition _____
 Job Classification _____
 Date Employed _____
 Starting Rate _____ Per _____
 Department _____
 Clock Number _____

Interviewed by: _____
 Interviewer's remarks and recommendations _____

Application information checked by: Name _____

Date: _____