APPLICATION FOR EMPLOYMENT



We consider applications for all positions without regard to race, color, religion, creed, gender, national origin, age, disability, sexual orientation, citizenship status, genetic information or any other legally protected status.

			(PLEASE PR	lint)						
Position(s) Applied For:		Date of Application:								
How Did You Learn About L	Js?									
Advertisement	Friend	Inquiry	Employme	nt Agency	Relative					
Other										
Last Name			Firs	st Name		Middle Name				
Address Number	Street					City	State	Zip Code		
Telephone Number (s)						Social Security Number (voluntary)				
Best time to contact you is:										
If you are under 18 years of	f age, can you provid	le required proof of your eligibili	ity to work?							
Have you ever filed an App	lication for Employm	ent with us before?								
						If yes, give date:				
Have you ever been employ	yed with us before?.									
						If yes, give date:				
Do any of your friends or re	latives, other than sp	oouse, work here?								
If Yes, state name and rel	lationship:									
Are you currently employed	1?									
If Yes, May we contact yo	our current employer	?								
Are you currently on "lay-of	f" status and subject	to recall?								
		oyed in this country because of required upon employment)	Visa or Immigration	Status?						
Can you travel if a job requi	ires you to?									
Have you ever been convic to the job in questions)	ted of a felony? (a	criminal record does not constitu	ute an automatic ba	r to employmen	nt and will be	considered only as it	t relates			
Date available for work:		What is your desired s	alary?							
Work availability:	Full Time	Please indicate shift(s) 1 2	3						
	Part Time	Please indicate shift(s) Mornings	Afternoons	s Eve	enings				
	Temporary	Please indicate dates	available		to					
EDUCATION										
School		Name and Address of School	<u>s</u>			Course of Study	Number of Years Completed	<u>Diploma /</u> <u>Degree</u>		
High School										
Undergraduate College										
Graduate/Professional										
Other (Specify)										

Note to Applicants: DO NOT answer this question unless you have been informed about the requirements of the job for which you are applying.

Can you perform the essential functions of the job, for which you are applying, either with or without reasonable accommodations?

WE ARE AN EQUAL OPPORTUNITY EMPLOYER

ADDITIONAL INFORMATION

State any additional information you feel may be helpful to us in considering your application, including any job related training in the U.S. Military:

EMPLOYMENT EXPERIENCE

Start with your present or last job. Include any job-relate military service assignments and volunteer activities. Exclude organizations which indicate race, color, religion, gender, national origin, disabilities or other protected status.

Employer			Dates	s Employed	Work Performed		
Address			From	То			
Telephone Number(s)							
Starting/Present Job Title			Hourl	/ Rate/Salary			
Supervisor			Starting	Final			
Reason for Leaving					May We Contact?	Yes	No
Employer			Dates Employed		Work Performed		ned
Address			From	То			
Telephone Number(s)							
Starting/Present Job Title			Hourly	Rate/Salary			
Supervisor			Starting	Final			
Reason for Leaving					May We Contact?	Yes	No
Employer	ployer		Dates Employed		Work Performed		
Address			From	То			
Telephone Number(s)							
Starting/Present Job Title			Hourl	/ Rate/Salary			
Supervisor			Starting	Final			
Reason for Leaving					May We Contact?	Yes	No
REFERENCES Do not include	family members or past supervisors.						
	Name Phone Num		I	Best time to call	Occupation		
1.							
2.							
•							

3.

APPLICANT'S STATEMENT

I certify that answers given herein are true and complete.

I authorize investigation of all statements contained in the application for employment as may be necessary in arriving at an employment decision.

This application for employment shall be considered active for a period of time not to exceed 45 days. Any applicant wishing to be considered for employment beyond this time period should inquire as to whether or not applications are being accepted at this time.

I hereby understand and acknowledge that, unless otherwise defined by applicable law, any employment relationship with this organization is of an "at will" nature, which means that the Employee may resign at any time and the Employer may discharge Employee at any time with or without cause. It is further understood that this "at will" employment relationship may not be changed by any written document or by conduct unless such change is specifically acknowledged in writing by an authorized executive of this organization.

In the event of employment, I understand that false or misleading information given in my application or interview(s) may result in discharge. I understand also, that I am required to abide by all rules and regulations of the Employer.

Signature of Applicant

Date

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